JPRS-TEP-87-010

27 APRIL 1987

Worldwide Report

EPIDEMIOLOGY

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CONTENTS

ANIMAL DISEASES

SWEDISH AID AGENCY TO HELP THIRD WORLD COMBAT AIDS

Stockholm DAGENS NYHETER in Swedish 22 Feb 87 p 8

[Article: "Third World Asks For Help. SIDA Facing AIDS"]

[Text] Sweden is now in the forefront of the efforts to stop the spread of AIDS in the Third World. Intense discussions are carried on between the assistance organization SIDA (Swedish International Development Authority) and a rapidly growing number of Third-World countries about cooperation on a broad front to limit the infection.

Among others, Angola, Guinea-Bissau, Kenya, Uganda, Zambia, TAnzania and Vietnam are, with the help of SIDA, going to test blood donors and give information on how the infections are transmitted.

According to the latest estimates of the World Health Organization, WHO, up to ten million people in almost one hundred countries might be infected with the AIDS-virus, almost half of them in Africa. There is practically no country in the world that does not have the epidemic.

The Central African countries are the hardest hit by the infection, which is spreading over the entire African continent. In one of the hardest hit areas, the AIDS-cases double every six months. In certain parts, up to ten percent of the population carries the infection, which so far has cost tens of thousands of African lives.

"At first hand, AIDS is no longer a health problem, it is a social problem," says Carl Wahren, head of SIDA's health bureau, which is having discussions with the affected countries.

The difference between the current AIDS-epidemic and earlier epidemics, which have struck the world, is the fact that the infection strikes hardest against the working part of the population. An entire generation between 20 and 40 years of age is threatened by the infection, every tenth child in certain areas carries the virus.

Several of the African countries have themselves taken the initiative for cooperation with SIDA, in order to get help with designing a strategy against the infection. Several of these countries also have a well-thought-out policy

for the work against the infection. It concerns the development of a test apparatus to get a picture of the extent of the infection, the education of laboratory personnel, the organization of information campaigns, etc.

Here SIDA can contribute both with money and also, in cooperation with the State Bacteriological Laboratory, with equipment and medical expertise.

"We must now contribute resources, so that the control can become as encompassing as possible," says Carl Wahren.

At present, a special WHO-program will be initiated, where SIDA contributes 12 million kronor to assist the Third-World countries in fighting the infection.

In Africa, as well as in the Western World, most of the infection is spread by sexual intercourse.

Influencing people's sexual habits is perhaps the most difficult challenge in the fight against infection.

However, Carl Wahren can report certain small but encouraging signs that a reversal may be under way in this respect.

The formerly so hated condoms are now beginning to become a desired item in many of the hardest-hit bit cities. The demand is rapidly increasing and several thefts have been reported from warehouse stores. At the same time, the price of condoms is increasing strongly on the black market.

12339
CSO:5400/2440

WHO VACCINATION CAMPAIGN BLAMED FOR THIRD-WORLD AIDS SPREAD

Stockholm DAGENS NYHETER In Swedish 13 Mar 87 p 3

[Op Ed article by Sven Britton: "WHO Spreads AIDS Infection"; first paragraph is DAGENS NYHETER introduction]

[Text] WHO's mass-vaccinations may contribute to an AIDS catastrophe in the Third World. If the HIV-virus is spread in the same manner as the jaundice virus, hepatitis B, there is nothing else to expect in the Third World but a catastrophe for humanity. Most likely, the World Health Organization, WHO, is contributing to the spread of the infection through its immunization campaigns. Even if disposable syringes are commonly used, it cannot be assured that they are not reused both once and twice, writes Sven Britton, professor of infectious diseases.

How many will be infected with the HIV-virus in ten years' time in the Western World and the Third World respectively? Which factors favor the spread of the infection and can the nations do anything to limit the epidemic?

Those are questions that are occupying national and international health authorities, since health-care and national economics may need to be rearranged drastically if the worst prognoses come true. We, the physicians specializing in infectious diseases, are duty bound to participate in that discussion even though our main responsibility rests with those who are already infected. That is why I have been asked to speculate on the spread of the infection here and in the Third World. I emphasize that it is a question of hypotheses and, furthermore, my own without official sanction.

When it comes to the HIV-infection we are all amateurs. It is a virus new to us, with a course like nothing previously known. Its closest relatives are the so-called Visna virus-infection of sheep and an anemia-virus in horses. The viruses that cause those diseases are very similar to the HIV-virus in their genetic make-up and they produce diseases similar to AIDS. Among sheep the infection is probably spread through the air and the likelihood of infection increases if the sheep are packed together. The anemia-virus in horses is spread through blood-sucking horseflies.

In humans we are not aware of any closely related virus, known to us that can be compared to the HIV-virus. Many people consider that the Chlamydia-epidemic

demonstrates how the HIV-infection is going to progress, but those two viruses are very dissimilar.

The infectious agent, closest in behavior, is the hepatitis-B virus, which infects liver cells and produces the jaundice which is called serum hepatitis or "drug hepatitis." These two viruses are indeed genetically different but they appear in the same groups: among intravenous drug users, male homosexuals, recipients of blood and blood products. In the Western World there is no other infectious agent occurring under such similar circumstances as the HIV-virus, the venereal diseases included.

Does this mean that the HIV and hepatitis-B virus spread infections in a similar manner? Yes, most likely. The similarity is too strong and recurring, for it to be chance. Of course, this does not mean that separate infection routes are excluded, but the main road is the same.

We are well aware of the infectiousness of hepatitis B. The infection has been known in the Western World for fifty years. It has reached a "steady state," meaning that the number of new infections is the same as those that are over with. More and more people are not infected every year. The hepatitis-B virus is now spread mainly among those who are newly recruited to intravenous drug use and male homosexuals who are beginning their sexual experiences. The spread within the health-care system, by way of blood products, has been stopped, since they are tested for the hepatitis-B virus before they are used. A certain hetero-sexual spread occurs especially among women who have had sexual contacts with men from countries infected with hepatitis B or who behave in a way that favors infection with hepatitis B.

Up to ten percent of the inhabitants of the big cities in the Western World have been in contact with the hepatitis-B virus, while the infection is considerably rarer in the countryside. Consequently, the infection is a big-city phenomenon here, where it follows risk behaviors and, within a foreseeable future, will not spread appreciably to the rest of the population, since the infection route by means of blood products has been blocked. New vaccines against the infection also promise that it will be possible to check the spread within the risk groups.

The epidemiological situation is entirely different for the hepatitis-B virus in the Third World. There the greater part of the population is infected, especially in Asia and Africa. The difference between city and countryside is not as great as here, and the infection is spread by other means than the sexual, since up to 75 percent of the populations may be infected before puberty. In Asia, an important infection route is between mother and fetus, while the children in Africa are infected in a different way, possibly due to different variations of the hepatitis-B virus in these two continents.

Infectious hepatitis-B virus can be found in blood, sperm and vaginal discharge, and that explains, of course, why the infection can be spread by sexual activity, by intravenous drug use and by infected blood products. The virus can also be found in saliva and tears, so other means of infection are also possible. The role of hetero-sexual promiscuity in the spread of the

hepatitis-B virus seems to be very special. With "reasonable" promiscuity (up to twenty partners in a lifetime), there is no increased spread of the infection, but with more than fifty partners, the frequency of becoming ill increases very rapidly, as though another infection-promoting factor were added to the poor citizens who are forced to entertain a large number of sexual partners.

If we, on the basis of the hepatitis-B model, try to estimate how the HIV-infection is going to spread around the world, we must first be clear about some of the uncertain factors. A person, infected with hepatitis B, is only infectious shortly before and at the beginning of the disease (jaundice), apart from some rare chronic carriers, who remain infectious for the rest of their lives after having had the illness. On the part of the HIV-virus, the time from the moment of infection to the symptoms (AIDS) is very long, and it is very likely that those who are infected, can be contagious during this entire time, as well as when they have developed AIDS. Despite the fact that the hepatitis-B virus is demonstrably more infectious than the HIV-virus (immeasurably more virus particles per unit of infected fluid than for HIV), the time factor could compensate for parts of this difference.

Another difficulty is the varying degree of infectiousness that the HIV-virus can have in different individuals. One and the same person could infect ten people, one after the other, while under different circumstances it seems that more than 1,000 intercourses are required to accomplish a transmittal of the virus. Despite this, one assumption could be that the HIV-virus is ten percent as infectious as hepatitis B. In Sweden where we, at a liberal estimate, have about 400,000 citizens, who have been exposed to the hepatitis-B virus, it could be expected that about 40,000 Swedes would be infected by the HIV-virus.

Since about four percent of those infected with the HIV-virus annually become ill with AIDS, we should, by this calculation, have 1,600 AIDS-patients per year. That is a frighteningly high figure, but there is nothing to show that it will become lower without preventive measures, since among the people newly infected with the HIV-virus, the share of those positive for hepatitis B is declining (from about one hundred percent to less than fifty). This indicates, if anything, that the HIV-virus has additional ways of infecting people beyond those of hepatitis B.

If these numbers are manageable for us in the Western World, judging by this model, nothing but a catastrophe for humanity is possible in the Third World. Two-thirds of the earth's population lives in these areas, and the majority of them are infected with hepatitis B. If ten percent of these people are also going to become infected with the HIV-virus, that means 400 million infected and 16 million dead from AIDS annually. That is more than malaria and the diahrreal diseases combined. The figures become so big that we do not have the energy to concern ourselves with them.

As for Sweden, even the outlined course of AIDS is very sweeping, even though many others of us, so-called experts, speculate on a still more extensive epidemic. As far as the closed health-care system is concerned, my estimation implies that there will be about 200 AIDS-patients in the hospital at all times, if we assume that they are only going to need to be in the hospital during ten

percent of their lifetime after having been diagnosed (at present, they stay in the hospital for half of their remaining lifetime, because we still have not learned the limits for what the closed health-care system can do for them). It is a number that could be cared for with a fairly moderate expansion of the infectious-diseases care. Health-care in the home and help-services for the home are going to get increased responsibilities for the time the AIDS-patients spend at home.

For the Third World, immediate and unique efforts are necessary. WHO must cancel almost everything else, and make sure that all the blood donated in the Third World (astonishingly enough, there is a lot, mainly from relatives), is tested for the HIV-virus before it is used. WHO must also make sure that all syringes and needles, used both in the national as well as the international health service, are disposable and--at least as important--that they are destroyed after each use.

WHO's own vaccination program (the Extended Immunization Program) is carried out with mainly disposable materials, but it does not at all make sure that the syringes are then not reused both once and twice. Injection treatments, depending on what is contained in the syringe, are very popular in the Third World and in today's situation, it is probable that WHO, through its immunization campaigns, is contributing to the spread of the AIDS epidemic.

AIDS is a greater threat in this part of the world than all the diseases included in the immunization campaigns, so WHO must be meticulous in its assurance that it does not spread the HIV-infection through mass-exploitation of a known infection route. WHO must also, as soon as possible, investigate whether the age distribution of the HIV-infection agrees with a mainly hetero-sexual infection, which is not the case for hepatitis B in those parts of the world. It may be harder to use prophylactic measures in the treatment of heterosexual than of other types of carriers of the infection. Individual nations, however, might have a reduced interest in such investigations, since there is a risk for decreased trade and tourism if other ways of transmitting the disease were found.

The course of infectious diseases, however, might be different, and might be caused by concentrated doses of infection or other means of infection where there is a high population density, overcrowding and poor hygiene. Measles is a typical example, where the same infectious agent causes a benign disease in the West, while it is deadly for up to 30 percent of the population in the Third World, most likely due to the concentrated doses of infection that overcrowding predisposes to.

Anthropologists and social experts must intensify the campaign against circumcision, scarring and burn treatments and tattoos, and offer other alternatives to anal intercourse as a birth control method. Furthermore, in many of the cultures in the Third World not least in Africa, there exists a "normal" hetero-sexual promiscuity which increases the risk for hepatitis-B infection. By virtue of the fact that the entire society--men and women--are included, the total risk for HIV-infection through normal sexual habits is very great. It is very difficult to interrupt such ancient and, of course, pleasurable behavior, but WHO must now drop virtually everything else in order to halt what looks like becoming the worst thing ever to happen to the part of humanity which already suffers the most.

12339
CSO:5400/2442

CAUSES OF HIGH INFANT MORTALITY RATE DISCUSSED

Paris LE MONDE in French 19 Feb 87 p 4

[Article by Frederic Fritscher: "A 'Silent Tragedy': Infant Mortality"]

[Text] Infant mortality is a plague in the developing countries. In Algeria, where in 1984, 53 percent of the deaths were of children under 5 years of age, it is called the "silent tragedy." The figures are published openly. They are eloquent. That same year, 850,000 children were born and 173,000 died. In that sad accounting, we find that 70,000 of them lived less than 1 year and that 20,000 others were between the ages of 1 and 4.

The infant mortality rate was lowered by one half between 1960 and 1984, going from 170 per 1,000 to 82 per 1,000. It is still high and, to the authorities, "unacceptable in the light of the level of development the country has attained." A national program was adopted on 30 May 1984. It became effective last June with the collaboration and technical support of UNICEF (Footnote 1) (UNICEF, which intervenes primarily in its capacity as consultant, is dedicating a budget of $1.7 million over 5 years (1986-1990) to the Algerian national program for fighting infant mortality), whose general director, James Grant, was pleased to note during a recent official visit to Algiers, that "Algeria is among the leaders of the countries that have mobilized so many means to provide children with a healthy and harmonious period of development."

The program's objective is an ambitious one. It provides for cutting infant mortality in half again, this time in 5 years. The official rate is not to exceed 50 per 1,000 in 1990. To achieve this result, the government's strategy rests on eight strong points: the fight against diarrheal diseases, vaccination, nutrition, birth control, medical supervision of pregnancies, prevention of neonatal mortality, fighting acute and streptococcal respiratory infections and environmental hygiene.

Diarrhea still kills 30,000 children per year in Algeria, even though rehydration techniques are well known today. A unit for the production of 10 million bags of salt for rehydration, built in collaboration with UNICEF, is to go into service in late February. The press regularly reports on this technique for preventing the consequences of diarrhea. It is officially believed that making it general knowledge makes it possible to lower by 50 percent the mortality due to diarrhea.

Galloping Demography

Before the vaccination campaigns of November 1985 and April 1986, measles killed 5,000 children per year in Algeria and accounted for 15 percent of the infant mortality statistics. The rest of the diseases, such as tuberculosis--which has been brought under control in Algeria because the rate of coverage by the BCG is over 90 percent, according to official sources--, whooping cough, tetanus, diphtheria and poliomyelitis, are also dangerous and afflict thousands of children every year. Although they are not inevitably lethal, they often leave serious sequelae, at a high social cost. The program's objective is to vaccinate 80 percent of the children against all of these diseases, before they are 2 years old.

Birth control, a social, economic and, by extension a political problem, is a priority for the Algerian authorities who are increasing their efforts to contain a galloping demography whose official rate of expansion remains high: 3.2 percent a year. On this delicate subject, television, radio, the press and advertising are the vehicles for messages that could not be more clear. The ideal family revolves around four persons; infant mortality is twice as high when the interval between births is below 2 years as when it is 4 years. To prolong breast feeding is to save the child and also to contribute to spacing births and regulating fertility, is the substance of what they are saying. This bombardment has yet to prove its effectiveness, but in Algeria everything is a matter of time. Especially for that which affects religious or family traditions.

Pregnant women, for the most part, are not followed medically. Their pregnancies are often at risk, but they are not aware of it. The only way to detect such cases is systematic prenatal consultation. However, the obstacles are many and they do not always have to do with traditions. The country is four times the size of France and means of transportation are sometimes nonexistent in some regions.

The child's good health is not confined simply to medical acts. The environment in which he grows plays a fundamental part. And the quality of the milieu depends on things as banal as a regular supply of drinking water, sanitary evacuation of liquid waste and body and food sanitation. It is at this level that the government's program appears singularly original; it calls upon the services of sectors that are a priori far removed from the Ministry of Health, even if it is only the Ministry of Hydraulics.

The Water Problem

Conveying drinking water to the large cities is a question that has not been permanently settled. Even in Algiers, in a good number of homes, water flows intermittently for only a few hours a day. The colossal projects undertaken in recent years were to be completed in 1987, but delays seem to have accumulated. In certain quarters of the capital, the precious liquid has made only a timid 8-day appearance since June.

In the entire country, only half of the population is connected to a drinking-water system. Thus the other half depends on 145,000 registered wells.

According to the Ministry of Health, 110,000 of these wells have been limed or treated according to other techniques. Despite this, water-transmitted diseases continue to wreak havoc regularly. Last summer, for example, cholera killed several dozen. Aided by water shortages and heat, this type of epidemic can strike every year, Of course, regular recommendations are made to chlorinate water intended for consumption, but the cholera vibrio is as resistant as the bad habits.

8946
CSO: 5400/4607

MARKED INCREASE IN AIDS IN SAO PAULO STATE

PY071430 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 7 Apr 87

[Excerpts] The average monthly number of AIDS cases in the state of Sao Paulo has increased from 44 to 80. This information was disclosed by Paulo Roberto Teixeira, coordinator of the program to control this disease.

Out of a total of 1,026 cases [reported during the past 10 months], 238 were diagnosed during the first three months of this year.

The various state health secretaries together with Health Minister Roberto Santos and President Jose Sarney are discussing the problem.

This is the second meeting that state health secretaries have held with Minister Roberto Santos in less than a month. During the first meeting, which was held on 11 March, Minister Santos disclosed the programs developed by his ministry, talked about changes in the health programs and about the decentralization of health services.

On the day that World Health Day is being celebrated, the state health secretaries and Minister Santos will meet with President Sarney to analyze the situation of the health sector.

/9738
CSO: 5400/2037

40 PERCENT OF AIDS CASES NOT REPORTED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 12 Mar 87 p 12

[Text] About 40 percent of the AIDS cases are not reported, which would bring the number to about 2,000 cases instead of the 1,236 known cases at the end of February. The warning came yesterday in Brasilia from Sergio Arouca, president of FIOCRUZ [Osvaldo Cruz Institute Foundation], who has been named Rio de Janeiro secretary of health by Governor Moreira Franco. The health officer said there are no precise estimates for the number of cases in Brazil; he admitted that 50 percent of the reported cases have already resulted in death.

He voiced his concern about the situation, particularly about the limited number of specialized facilities for the treatment of AIDS patients and the insufficient epidemiological vigilance and control of the quality of blood donations, which are the principal cause of the spread of the disease in Brazil. Arouca admitted that reported cases of AIDS have been increasing every year since 1983, noting particularly that about 40 percent of the cases go unreported.

Lair Guerra de Macedo, coordinator of the AIDS Prevention Program in the Ministry of Health, will go to Geneva on Monday to take part in an international meeting which will focus on the development of strategies and campaigns against the disease in developing countries. Five large international institutions involved with health will participate in the meeting in Switzerland: UNICEF, the World Bank, the World Health Organization [WHO], The Panos Institute (associated with underdeveloped countries) and a Canadian development agency.

6362
CSO: 5400/2030

OFFICIAL WARNS OF THREAT OF DENGUE EPIDEMIC

Danger of Epidemic

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 10 Mar 87 p 9

[Text] Brazil runs a serious risk of a new and severe epidemic before long and, what is worse, is not in a position to combat it; the disease is hemorrhagic dengue. The warning comes from Antonio Guilherme de Souza, superintendent of SUCEN [Superintendency for the Control of Endemic Diseases, of the Secretariat of Health] in Sao Paulo; a few months ago he was advising residents of Sao Paulo to avoid Rio de Janeiro during Carnaval. His fears were confirmed: 73 people returned home with the disease.

He does not want to be labeled an alarmist, as he was in 1974; when he warned about the possibility of a dengue epidemic in the country and claimed that Rio de Janeiro was the state at greatest risk, he was called a "terrorist." It was not long before the carrier mosquito, the Aedes Aegypti, began to take its first victims, in Nove Iguacu. From Baixada Fluminense [Southern Rio de Janeiro State], the disease spread to Alagoas and Ceara states, but the major focus is still Rio de Janeiro, where there is talk of up to 1 million cases.

Unlike the classic dengue of the Type 1 virus, hemorrhagic dengue is deadly; it can reach a high mortality rate if no efficient steps are taken to combat it, which is precisely what is lacking in Brazil, Guilherme de Souza complained. "We are absolutely unprepared to deal with an epidemic like this."

Once again, the threat comes from Rio de Janeiro. The SUCEN superintendent is unaware of any existing monitoring of the virus in the state. "At present, this is a mystery." Nor is it known for certain how many people have already had the disease. In Sao Paulo, Guilhemme de Souza guarantees, there is better control. "There is only the Type 1 virus and the mosquito is found only in the eastern part of the state."

Epidemic in Guararapes

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Mar 87 p 10

[Text] All 180 inhabitants of the small district of Ribeiro do Vale in Guararapes may have dengue fever. There is also a possibility of other foci

of the disease in Sao Paulo. However, the dengue epidemic in the state (which began with 8 local cases in that district) "will not be as large as the one in Rio de Janeiro State," predicts Celsis de Jesus Pereira, regional director of SUCAM [Superintendency of Public Health Campaigns, of the Health Ministry].

In the first months of this year, 107 cases of dengue have already been recorded in Sao Paulo. Of these, 8 were contracted in the state and 99 were "imported" from Alagoas and Baixada Fluminense. From June 1986 (when the first case was registered in the state) until December, 32 people "imported" the disease. According to Celsis, the increase in the number of cases contracted outside the state shows that the control of the mosquito which transmits dengue (Aedes Aegypti, which also carries yellow fever) will not be effective unless it is conducted nationwide.

Since March 1986, when the first case of dengue was identified in the country, in the Baixada Fluminense, 800,000 people have contracted the disease; 80,000 new cases appeared in the first months of 1987. According to Celsis, since March 1986, SUCAM has invested 800 million cruzados in the program to control yellow fever and dengue and it expects to invest another 400 million cruzados by the middle of this year.

Although 2,600 field workers have been signed on in an emergency program, the SUCAM regional director admits that the resources are lacking to combat the mosquito effectively in all the states. Celsis said the goal for 1987 is to intensify the combat against the insect, reducing the number of Aedes Aegypti until it is no longer transmitting the disease. However, it will take 5 to 10 years before the mosquito is totally eradicated.

In Sao Paulo, SUCAM is working in conjunction with the SUCEN, which is spraying mosquito foci in 16 municipios in the Aracatuba region. The federal agency has delivered 15,000 liters of Malathion and 10,000 kilograms of Abate, insecticides used in combating the carrier mosquito in both its larval and adult forms.

According to Celsis, of the 302 Brazilian municipios initially infested with the Aedes Aegypti, 270 still present the problem. "The reduction is the result of the work to combat the disease." For greater effectiveness in this work, SUCAM intends to establish agreements with the municipios, passing on resources and technology for combat against the mosquito. "SUCAM can't hire more personnel, because of the presidential decree, and we have had to pull people out of other campaigns, such as the one against Chagas disease. The only way to expand the work teams is by passing funds on to the municipal governments so they can hire personnel."

6362
CSO: 5400/2030

BRIEFS

AIDS CASES REPORTED--Five people have already died of AIDS in Rio Grande do Norte State. Dr Jair Maciel de Figueiredo, a member of the AIDS monitoring unit of the Rio Grande do Norte health secretariat, today announced that nine AIDS cases have been reported in Rio Grande de Norte State. Five people have died, Maciel noted. [Excerpt] [Brasilia Domestic Service in Portuguese 2200 GMT 2 Apr 87 PY] /9738

TYPHUS CASE IN SOUTH--Porto Alegre--For the first time in 10 years, a case of typhus has been reported to the Epidemiology Service of the Secretariat of Health and Environmental Affairs in Rio Grande do Sul. The problem is that this is a case of murine typhus and Jair Ferreira, chief of the service, says he is not familiar with the disease and has asked for 24 hours to consult the literature and advise what precautions should be taken. Murine typhus is an endemic disease, transmitted by rat fleas. This was the first case diagnosed at the Sao Lucas Hospital of the PUC-RS [Pontifical Catholic University of Rio Grande do Sul] in its 10 years of operation. The diagnosis was made by hematologist Lucia Mariano da Rocha Silva, who said she learned about the disease several years ago when she was interning in the Sao Sebastiao Institute in Rio de Janeiro. Refusing to divulge the name of the patient, aged 23, who already had a high fever, she explained that the symptoms are a high fever and the presence of red blotches, which begin at the armpits and spread over the entire body. The physician was startled to learn that the Epidemiology Service was unfamiliar with murine typhus. [Text] [Rio de Janeiro O GLOBO in Portuguese 11 Feb 87 p 6] 6362

CSO: 5400/2030

AIDS CONFERENCE, TESTING STAND, INCIDENCE DISCUSSED

International Conference States Needs

Toronto THE TORONTO STAR in English 13 Mar 87 p A9

[Article by Lillian Newbery]

[Text] OTTAWA — The public wants factual information about AIDS and it wants it now, an international meeting has concluded.

Inaction will be harshly judged as the epidemic of acquired immune deficiency syndrome grows, warned Dr. David Walters, head of the AIDS education and awareness program for the Canadian Public Health Association.

Walters made his comments yesterday at the end of the two-day conference, sponsored by the health association.

He said the group, which met behind closed doors, had agreed that AIDS is a global problem of immense complexity: high in Africa, low in Asia and an intermediate problem in the Americas.

"The epidemic is still on the move," he said, "It's been likened to a brush fire."

As of Monday, 931 cases of AIDS had been reported in Canada. Of these, 480 people have died.

Ontario reported 349 of the cases and 182 of the deaths.

The health association has been given $3.7 million by the federal government to educate the public about the fatal disease, which interferes with the body's immune system.

Walters said it was evident from the consultation that Canada's national public education program is in the middle ground: not as sexually explicit as Denmark's and smaller than Britain's, but somewhere ahead of the American and Australian campaigns.

British delegate Bernard Merkel said there have been "striking changes in attitudes since (Britain launched) a hard-hitting television and pamphlet campaign."

At the start, he said, there was enormous misinformation about AIDS, with a public perception that it could be transmitted by sharing bathrooms or shaking hands.

Walters said the meeting reached a consensus that sexual behaviors have to be changed "to preserve life," through programs supported by governments and professionals.

Delegates to the meeting from five countries and the Pan American Health Organization agreed that public education programs must have a high impact to raise people's awareness that AIDS is a serious concern, he said.

A spokesman for the Australian government, which plans to launch its public service announcements early in April, said yesterday federal and state governments in that country have spent $15 million on public education, not $50 million as most reporters thought he had said earlier.

Transfusion Recipient Testing Stand

Toronto THE TORONTO STAR in English 18 Mar 87 p A19

[Article by Tom Spears]

[Text]

Canadians shouldn't be alarmed by warnings from American authorities who say some blood transfusion recipients should be tested for AIDS, the Canadian Red Cross says.

The U.S. warnings apply mainly to residents of New York city, San Francisco and Los Angeles, where the disease acquired immune deficiency syndrome is a much bigger problem than anywhere in Canada, a society spokesman said yesterday.

The warning Monday from the American Medical Association covers people in those "high-risk" areas who received blood transfusions between 1978 and 1985, the period between the earliest cases of AIDS in the United States and the beginning of full-scale laboratory screening of donated blood.

(AIDS was first reported in the United States in 1981, but the virus often takes several years to develop. Researchers have found the AIDS antibody in stored blood samples dating back to 1978.)

"There's nowhere in Canada that would come close to those three (U.S.) cities," Ken Mews of the Canadian Red Cross's AIDS project said yesterday.

In New York and San Francisco there is nearly one reported AIDS case for every 1,000 residents, he said, and Los Angeles also has a very high rate. The 8,761 reported cases in New York alone are 9.4 times more than the 931 cases reported in all of Canada.

As of March 9, there had been 349 reported cases of AIDS and 182 deaths caused by the disease in Ontario. Statistics show 38 of the 931 cases across the country stem from transfusions.

Some worried Metro residents have been calling the Red Cross offices to ask for advice since the U.S. announcement, Mews said.

The Red Cross is asking anyone who is worried about the possibility of contracting AIDS from blood to call his or her doctor.

"It's a question of relative risk," Mews said. "For instance, if you had a blood transfusion in Moose Jaw you would run a smaller risk than if the transfusion had taken place in Vancouver or Toronto."

AIDS is most often passed on through sexual contact, but can also be passed through transfusions, contaminated syringes (usually by users of illegal drugs) or from a mother to a baby around the time of birth.

Researchers Inject Selves

Toronto THE TORONTO STAR in English 19 Mar 87 p A1

[Article by Lilian Newbery]

[Excerpts]

A French scientist and a small group of volunteers from Zaire have injected themselves with an experimental vaccine against AIDS.

The vaccine successfully triggered an immune response against two strains of the virus that causes AIDS, according to 12 scientists, including Dr. Daniel Zagury, the researcher who was immunized.

Their letter in today's issue of the scientific magazine Nature is the first official report of human trials of an AIDS vaccine.

To make the vaccine, the relatively harmless vaccinia virus used in the smallpox vaccine was combined through genetic engineering with a protein from the outer coat of one strain of the human immunodeficiency virus (HIV) that transmits AIDS.

This procedure was developed a few years ago in the United States and has been used widely in experimental vaccines but has not been licensed for use in humans yet, according to Dr. Keith Dorrington, vice-president of research and development at Connaught Laboratories.

The procedure is "absolutely not dangerous . . . in no way at all" to the healthy volunteers, who had not previously been exposed to the AIDS virus, said Brian Barber, PhD in the department of immunology at the University of Toronto.

Experts caution, however, that a safe, effective vaccine for the general public is still five or 10 years away. No one even knows whether a vaccine to protect against AIDS is possible. The experiments are filled with scientific and ethical difficulties.

No human trials of experimental AIDS vaccine have been approved in the United States so far.

Bristol-Myers announced yesterday it would seek approval to start clinical trials of a vaccine against AIDS also using the vaccinia virus as a piggyback for parts of the HIV virus.

British Columbia Teenager Cases

Vancouver THE SUN in English 16 Feb 87 p A1

[Article by Miro Cernetig]

[Text] **At least two B.C. teenagers are suffering from AIDS and another 19-year-old has died from the deadly disease within the past year, says Bob Tivey of AIDS Vancouver.**

The age of those stricken indicates the common sense of making condoms available in high school washrooms so that sexually active teenagers can protect themselves from the fatal disease, Tivey said Sunday night.

"We just don't know how many are infected. I think it is an excellent idea to make condoms available in schools. We need them more than ever."

Vancouver medical health officer Dr. John Blatherwick confirmed that a 19-year-old B.C. teenager is on record as dying from AIDS. Blatherwick said he did not know of any other teenagers suffering from the disease.

Tivey said it is important that cases of teenagers getting AIDS be made public so that people fully understand the value of giving young people access to condoms.

"Now people are finding out a teenager has died of AIDS," Tivey said. "It makes it more real for them. Parents who have teenagers will now have to start taking AIDS more seriously."

Blatherwick also supports moves to increase teenagers' access to condoms.

"Young people are the next generation of sexually active people . . . I think condoms should be as widely available as possible. If they don't have easy access to condoms,they aren't going to get them," Blatherwick said.

Tivey said the two young people now suffering from AIDS, both in their late teens, are not in school, nor was the 19-year-old who died.

British Columbia Patient Testing

Vancouver THE SUN in English 18 Feb 87 p A1

[Article by Kim Bolan]

[Text] **The number of AIDS tests by B.C.'s provincial laboratory has doubled since the beginning of the year and the provincial AIDS clinic is so busy with demands for tests, it can't take new patients for a month.**

The reason for the increase is "more media awareness and more emphasis on heterosexuals," says Dr. Michael Rekart, the health ministry's director of venereal-disease control.

The clinic has had to tell AIDS Vancouver that it can't handle new patients until March 18.

Rekart said the government clinic has been overwhelmed with patients because people tend to go to the specialized Vancouver clinic instead of their own doctors when they want to be tested.

"There are 7,000 physicians in the province who can do the tests," Rekart said Tuesday. "The clinic was specifically set up for people without (medical) insurance."

Rekart said people who have general practitioners as family doctors should go to them if they feel they need to be tested for the acquired immune deficiency syndrome virus.

"If they are withholding information from their GPs, they are endangering their own life," he said. "If someone has a cold and they've tested positive for the AIDS antibody, it can be much more significant."

The provincial laboratory in Vancouver, which handles all of the AIDS testing for the province, has been doing about 1,000 tests a month so far this year, up from about 500 cases a month last fall.

"The numbers have gone up substantially," Dr. Bob Black said.

British Columbia Incidence 'Alarming'

Vancouver THE SUN in English 20 Feb 87 p A11

[Article by Gary Mason]

[Text]

VICTORIA — British Columbians who've had an active sex life should get tested for AIDS, Health Minister Peter Dueck said Thursday.

"I'm not trying to be an alarmist, but it really is a shocking thing what AIDS is doing to our community," Dueck said.

The minister announced the formation of a provincial advisory committee on the deadly acquired immune deficiency syndrome to be headed up by Dr. Michael Rekart.

Rekart is director of sexually transmitted disease control for the ministry. He is also responsible for an AIDS centre operated by the ministry in Vancouver.

The committee will be made up of experts in the medical profession and community groups. Dueck said he will leave it up to Rekart to decide whether AIDS patients sit on the committee.

Dueck said Rekart briefed the provincial cabinet Wednesday on the status of the AIDS problem in B.C. And the minister said the figures were alarming.

Rekart told cabinet that 20,000 British Columbians are estimated to have the AIDS virus.

The figure is based on tests of several hundred gay males and hemophiliacs in Vancouver since 1982 and extrapolated throughout the province.

(By comparison, Rekart said the total number infected with the virus in Canada is 50,000).

The total number of active cases in the province is 199 and Rekart said he expected that to double by next year.

Of those active cases, 96 per cent were among the homosexual population, two per cent were intrevenous drug users, three per cent were drug-product recipients, heterosexuals accounted for one per cent and a half per cent were unknown.

There is some overlap among the groups, the ministry said.

The mortality rate in B.C. is 52 per cent.

Asked if those who've had an active sexual life should get tested for the disease, Dueck said: "Certainly. Why would I even hesitate to say yes? That would apply to other diseases as well."

Dueck told a news conference that the AIDS committee will provide cabinet with recommendations on how the public can be better educated about the disease.

"It will serve as a focal point on AIDS-related matters in British Columbia and will coordinate provincial initiatives to deal with this disease," Dueck said.

The minister said communities are split on the question of the government's role in dealing with the AIDS dilemma. He said some communities feel the government is spending too much money on the issue, others not enough.

Dueck said even if the spread of AIDS in B.C. was "stopped in its tracks" the effect existing cases could have on the province "is quite alarming."

Vancouver Tracing Workshops

Vancouver THE SUN in English 24 Feb 87 p A3

[Article by Kim Bolan]

[Text]

Provincial health units around B.C. are training staff to help AIDS patients trace former sexual partners.

Dr. Michael Rekart, chairman of the provincial advisory committee on AIDS, said Monday that starting in March, staff from regional health units will attend one-day workshops in Vancouver to help them learn about tracing ex-partners of AIDS patients.

The tracing program should begin in May, Rekart said.

"We still think it's the best way if the person contacts their former partners themselves," said Rekart. "But if they can't find someone or don't want to do it, then we'll do the tracing."

But AIDS Vancouver spokesman Michael Welsh said he's worried people in high-risk groups may stay away from AIDS testing because they are embarrassed about the tracing.

Training welcomed

"There's some concern people might not go to the clinic," Welsh said. "And there's a certain amount of concern about confidentiality."

He said if a high-risk individual got called at home by a health nurse telling him he had been in sexual contact with someone that had tested positively, the person getting the call might be too scared to go for testing.

But Welsh said AIDS Vancouver will have to "wait and see" how the program is developed to know if his concerns prove valid.

He said he's glad the health ministry is training nurses to deal specifically with the problems AIDS patients and potential AIDS patients have.

"It's very important to the working of a program that there are trained health care professionals sensitive to the issues," Welsh said.

Rekart said the workshops will be the first training sessions for B.C. health unit nurses specifically related to acquired immune deficiency syndrome patients.

"The workshops are to train health unit nurses to become experts in dealing with AIDS patients," he said. "They'll talk to people who don't know about the test and they'll work with those who've had the tests."

Clinic busy

He said the nurses will also explain to those wanting testing that they don't have to go to the provincial AIDS clinic in Vancouver to get the test.

"One of the things we'll be saying to nurses is the best way of being tested is to get the patient to go to his physician," Rekart said.

The Vancouver clinic is unable to take new cases until March 18 because it has been bogged down with requests for appointments from people who could go to their regular doctor for the AIDS blood test, Rekart said.

Vancouver Schools Course

Vancouver THE SUN in English 3 Mar 87 p A1

[Article by Frances Bula]

[Text]

Vancouver's 3,000 Grade 12 students will get the city's first crash course on AIDS before they graduate this year.

City schools will be ready to present the course to students in May, board chairman Ken Denike said Monday after a board meeting where the AIDS education program was unanimously approved.

Counsellors will use two hours of English class time — the only subject that is mandatory for all students — to tell them about AIDS.

Whether the lesson will also include specific information on prevention hasn't been decided, Vancouver chief medical health officer Dr. John Blatherwick said.

Blatherwick said two hours should be enough time to cover the basics.

"You can cover the whole issue of AIDS very, very adequately in two hours," he said.

Even if that weren't so, "we have to accept what the limitations of a school year are. We wanted to get something for this graduating class."

Neither Blatherwick nor the board knows what will be in the program, since the health department is still working on it, bringing together material from around North America.

Some AIDS education has been going on in the classrooms, Denike said, and the board is looking forward to its own program because it has been criticized about classroom presentations by AIDS Vancouver representatives.

He said some parents, generally with strong religious viewpoints, have complained that there is a slant towards homosexuality in the presentations.

The board has continued to allow the AIDS Vancouver presentations because it had no alternative, Denike said.

Although the board is pulling the program together quickly, Denike said, it is not costing much because most of it is being covered with existing staff and funds.

Vancouver School Employee Protection

Vancouver THE SUN in English 5 Mar 87 p A3

[Article by Ben Parfitt]

[Text]

A man with AIDS currently working in a Vancouver school will receive the same confidentiality as three Lower Mainland teachers who previously contracted the deadly disease, says Vancouver school board chairman Ken Denike.

Denike made the comment after reports surfaced Wednesday that an employee in a Vancouver school who is not a teacher continues to work after being diagnosed as having acquired immune deficiency syndrome.

It is the first time the board has dealt with such an employee who has decided to continue to work.

"We've been aware of this situation for a couple of weeks," Denike said before adding "anything of this highly explosive or sensitive nature is quick to get around."

AIDS Vancouver and the school board are aware of three previously reported cases of AIDS among Lower Mainland teaching staff.

Two male teachers, one in Vancouver, have died of the disease. The first died a year ago, the other in the last six months, said AIDS Vancouver spokesman Bob Tivey.

Both teachers removed themselves from the classroom after learning they had the disease, Tivey added.

One other Vancouver teacher diagnosed as having AIDS subsequently removed himself from the classroom and has gone on a sick leave, Tivey said.

Denike and Tivey both said the three teachers and the latest school employee to be diagnosed as having the disease posed no threat to fellow employees or students.

"The fact is there is no risk to anyone. If this person is not having sex with anyone at school, he's not putting anyone at work at risk at all," Tivey said.

"(But) we are not required to identify people who have AIDS and I don't see any reason to single out anyone teaching in the classroom," Tivey said.

Denike said the cornerstone of the current board policy regarding employees and AIDS is confidentiality "within the bounds of reasonable public interest."

Diagnosed employees are encouraged to come forward, Denike said. The news of a person's illness is to be shared through the board with the employee's immediate fellow workers and supervisor only, Denike said.

AIDS guidelines were first adopted by the board in October 1985.

Tivey said most teachers would likely choose to remove themselves from the classroom if diagnosed as having AIDS because of the high stress associated with the job.

/9317
CSO: 5420/21

STUDY PROBES LINK AMONG 'LOU GEHRIG'S DISEASE' VICTIMS

Ottawa THE OTTAWA CITIZEN in English 25 Feb 87 p B1

[Article by Cathy Campbell]

[Text]

The federal government is investigating a link among three local people who worked together in the 1940s and have been struck with the rare condition known as Lou Gehrig's disease in the past three years.

Dr. Jamie Hockin, of Health and Welfare's Laboratory Centre for Disease Control, said Tuesday within days the government will begin to study the cases involving people who worked in a building above a former gas plant on King Edward Avenue.

Two of the former Bank of Canada workers have died of the disease.

A local support group for people suffering from Lou Gehrig's disease discovered the connection about three weeks ago.

There are about 1,500 cases of the disease across Canada, and about 25 in the Ottawa and Ottawa Valley areas.

The three people worked at 350 King Edward Ave., built in 1942 on the former site of a gas manufacturing plant.

Late last summer, excavation around the building, which now houses about 350 Supply and Services employees, uncovered deposits of coal tar — a byproduct of the manufacture of gas from coal.

Although the cause of Lou Gehrig's disease is unknown, some medical officials suspect it's connected to exposure to environmental toxins.

Lou Gehrig's disease is named after the famous New York Yankee who died of the malady in 1941.

It weakens muscles, attacks the nerve cells and usually kills its victims within three or four years, although some sufferers live up to a decade.

"It's really impossible from three cases to draw any kind of association with anything these people came in contact with or have done in the past," said Hockin.

But if health officials find that more people who worked in the building 40 years ago have contracted the disease they "can start to look at underlying causes."

The regional health department has been studying the disease, since the link was first reported in the *Citizen* Jan. 31, before deci-

ding whether to investigate. It decided to let Health and Welfare look into the matter.

One former bank employee died two years ago with Lou Gehrig's disease and another died last year.

Recently, a third former employee, Leona Wilkinson, 65, was found to have the disease.

Olive Sutherland, whose husband Art died of the disease two years ago, discovered the link during her work with the local society helping sufferers.

All three employees worked in the department that handled Canada Savings Bonds, she said.

"Maybe nothing is going to come out of this investigation," she said Tuesday.

"But it's worth a try. I feel they should be looking into this."

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CSO: 5420/22

BURIED CYANIDE BELIEVED LINKED TO BRAIN CANCER

Windsor THE WINDSOR STAR in English 5 Mar 87 p A11

[Text]

LONDON, Ont. (CP) — A provincial environment official has promised to locate and quickly remove a dozen barrels of cyanide believed buried in an east London park and suspected to be linked to the brain cancer a dozen area residents have developed.

Charles Murray, acting district officer for the Ontario Environment Ministry, said the ministry will bring a metal detector within the next few days to help search the park, located in Premier David Peterson's riding.

Tom Rankin, who worked at a metal plating company, told Murray Tuesday that, under orders from his boss, he dumped a dozen 205-litre (45-gallon) barrels of cyanide in 1966 on property adjacent to a former landfill site, which was later converted to the park along the Thames River.

Rankin came forward after hearing of a woman who believes the neighborhood's high number of cancer cases is linked to the former dump.

Diane Whiteside began investigating after one brother died of brain cancer and another developed a malignant brain tumor. She learned of other cases after running an ad asking people to get in touch with her if they had information.

In April 1985 the former dump began leaking foul-smelling, multi-colored liquids into the river along a 370-metre (1,215-foot) section of bank.

Tests confirmed 14 chemicals known to cause cancer or birth defects in animals.

/9317
CSO: 5420/22

BRIEFS

AIDS CASES REPORTED--For the first time the Cape Verdean authorities publicly admitted today the existence of 25 cases of AIDS in the country. One of them died 3 weeks ago. A so-called Anti-AIDS Action Group, set up in January this year, said in a statement carried by Cape Verde's national radio that none of the cases was related to homosexuality. [Text] [Lisbon Domestic Service in Portuguese 2200 GMT 31 Mar 87 LD] /6091

CSO: 5400/146

BRIEFS

AIDS CASES--Twenty-nine cases of AIDS have been detected in Chile to date, some of them have still not been confirmed. Sixteen of those cases have resulted in the death of the patient. The latest victim was a 30-year-old man who was presumably infected through a blood transfusion in Australia. [Summary] [Santiago Domestic Service in Spanish 0930 GMT 21 Mar 87 PY] /9274

CSO; 5400/2035

GOVERNMENT INSTITUTE ISSUES LATEST FIGURES ON AIDS CASES

Copenhagen INFORMATION in Danish 18 Feb 87 p 4

[Article by Ruth Northen]

[Text] Physicians hesitate to believe that "only" every seventh needle addict tested for AIDS is anti-substance positive. That was the case in a major study carried through in 1985-86 as well as in the most recent report as of 1 September 1986:

In both cases, 14 percent of those tested for AIDS proved to be anti-substance positive.

It would be incredibly fortunate if the figures were correct, says Dr. Peter W. Jepsen, chief physician. For around the world, up to 50 percent of needle addicts are HIV-positive. That applies, for example, to Spain, Italy and Switzerland.

Peter W. Jepsen therefore fears that the figures may reflect the fact that AIDS has penetrated into the environment of drug abusers in this country at a relatively late date--and that the explosive development is yet to come. The sources of the Danish statistics, furthermore, may be incorrect--it is thus possible that those tested do not constitute a typical section of the estimated 3,000 needle addicts in Copenhagen.

Fewer Addicts Want to Be Tested

Jepsen bases his fears on the fact, among other things, that there has been a distinct decline since last fall in the number of needle addicts wanting to be tested for AIDS. Perhaps those avoiding the test are those who have the most reason to fear that they have become infected with AIDS but who do not want to find out because that will alter their way of life and because there is no "hope" for them anyway.

Dr. Peter W. Jepsen is chief physician at St. Hans Hospital as well as at the ambulatorium for HIV-positive (AIDS-infected) needle addicts which was officially opened yesterday by the Copenhagen municipal authorities at Rud. Bergh's Hospital.

Though little known, the ambulatorium has been in existence since mid-November of last year and has already been in contact with 50-60 HIV-positive needle addicts. Some of the addicts have only appeared once, and few have been referred to their own municipalities.

But 30 are now in treatment at the ambulatorium--that means, first and foremost, that they not only receive the needed psychiatric/social assistance at the ambulatorium but also the methadone which will ensure that they will not be tempted, for example, to resort to prostitution to obtain money for drugs.

Abandoning Drug Addiction and Prostitution

Most of the patients are men, but there are also relatively many very young or fairly young women, and the physicians regard that as a positive sign, for it means that they apparently have got in contact with the young drug addicts and prostitutes who are today feared to be those most liable to become infected with AIDS among the general population.

There is a liberal attitude toward methadone, but there is also a liberal attitude in other respects.

"Methadone is no goal in itself. It is a tool and may be a prerequisite for getting into any contact with the addicts," says Dr. Peter Jepsen.

It is incredibly hard to learn that one is AIDS-positive, even to those who as drug addicts lead dangerous lives, but once they have come to realize it, the young patients accept the offer of methadone treatment gratefully, since it means that they will no longer have to hunt for money or drugs," members of the team at Rud. Bergh's Hospital state. In addition to physicians, the team consists of a large number of other specialists, such as psychologists, social advisers and social workers.

The State Will Have to Start Contributing Now

At the official opening yesterday, Jorgen Frederiksen, the Copenhagen mayor for hospitals, stated that Copenhagen has once again undertaken a task which clearly ought to have been undertaken by the state. Last year, a total of 27 million kroner was spent on AIDS in Copenhagen, this year the figure will be 44 million kroner. "It is unreasonable that Copenhagen will have to continue to defray the costs arising from the fact that a large number of the AIDS problems become concentrated here. We hear a lot of nice words from Christiansborg, but when it comes to paying the bill, difficulties arise," Jorgen Frederiksen said.

7262
CSO: 5400/2443

COPENHAGEN 'AMBULATORIUM' TO ADDICTS, PROSTITUTES FOR AIDS

Drug Users Especially Worrying

Copenhagen BERLINGSKE TIDENDE in Danish 3 Mar 87 p 6

[Text] The "ambulatorium" [clinic on wheels] will be used as a supplement to the three Copenhagen hospitals which at present undertake health examinations of persons who may have AIDS.

The first patients have already been received at the new ambulatorium for drug abusers which will be officially inaugurated at Rudolph Bergh's Hospital in Tietgensgade next Monday by Jorgen Frederiksen, mayor for hospital affairs, and Pelle Jarmer, mayor for social affairs.

The background to the opening of the ambulatorium is the increasing number of drug abusers infected with AIDS.

The ambulatorium will be a supplement to the health examinations of persons of risk groups or of persons who are found to have been exposed to infection that at present are undertaken by the National Hospital, Hvidovre Hospital and Bispebjerg Hospital.

In cooperation with the social welfare and health services of Copenhagen, the ambulatorium will offer drug addicts medical, social and psychiatric/psychological aid.

It may be contacted directly or via the patient's own physician or via the examination clinics of hospitals.

Dr. Peter W. Jepsen, D.M., chief physician, and Erik Pedersen, deputy section chief, are in charge of the ambulatorium.

Methadone 'A Tool'

Copenhagen AKTUELT in Danish 10 Mar 87 p 23

[Text] The most recent report on AIDS cases from the State Serum Institute shows 133 cases as of 1 February 1987. That means that there have been

an additional six cases of AIDS in the course of January--all of which are homo- or bisexual men. At the same time last year, the number of AIDS cases was 77. There has thus been an increase of 56 in the number of AIDS cases in 12 months.

Among those diagnosed in the course of the past year as having AIDS, four are bleeders. A total of five Danish bleeders have by now been diagnosed as having AIDS. They were all infected via factor preparations from abroad before the necessity of heat-treating these preparations became known. Three Danes have been infected with AIDS via blood transfusions; they became infected several years ago when all donor blood was not tested the way it is done now.

There is still only one drug addict among the reported AIDS cases, a women in whom the disease was ascertained last December. Among the 133 AIDS cases ascertained so far, four are women.

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CSI: 5400/2443

COUNTRY REPORTED FREE OF AIDS

Copenhagen BERLINGSKE TIDENDE in Danish 1 Mar 87 p 5

[Article by RB]

[Text] In addition to an information campaign on the much-feared disease, the Serum Institute ascertains that all of the 1,878 tests for AIDS in Greenland proved to be negative.

AIDS has not yet been ascertained among the population in Greenland. None of the 1,878 blood samples that were examined by the Serum Institute in Copenhagen turned out to contain AIDS-antibodies.

The blood samples stem from persons who were tested for venereal diseases, it was stated in the newscast from Greenland yesterday.

In cooperation with the anti-AIDS council, the health authorities will shortly launch a large-scale information campaign in Greenland on AIDS. All media will be involved in the campaign, and all of the material will be translated into Greenlandic.

7262
CSO: 5400/2443

STATE AGENCY ORGANIZING AIDS RESEARCH IN COUNTRY

Helsinki HUFVUDSTADSBLADET in Swedish 3 Feb 87 p 4

[Article: "AIDS-research Organized"]

[Text] The State Medical Commission has accepted a research program for the immunity-deficiency disease AIDS and has drawn up guidelines for the organization of AIDS-research.

A working group under Finland's Academy has suggested that the hub of the AIDS-research organization be a clinical follow-up unit at Aurora Hospital, directed by Specialist Physician Sirkka-Liisa Valle. The organization, furthermore, should consist of eight other units in close cooperations with Aurora. However, neither the organization, nor its leaders, have been confirmed by the Commission.

In January, there were 18 AIDS-patients in Finland. At the end of the year, 136 infected persons were registered, but in reality many more persons carry the virus.

The number of persons developing AIDS, persons with the preliminary stages of AIDS and carriers of the infection doubles in six to fourteen months in all Western countries.

Research On Three Fronts

The working group feels that the research ought to be developed on three fronts, i.e. an epidemiological, a psycho-social and a clinical with attending immuno-biological and virological research.

The results produced by the epidemiological research can be applied immediately to the health care. Since the epidemiological research serves the Medical Board and the Health Care Ministry directly, the responsibility for this research ought to rest on their shoulders, according to the working group.

Concerning international AIDS-research, Finland ought to participate in the Nordic project for limiting the spread of AIDS in Central Africa. For instance, Finland could investigate the possibility of improving the diagnosis of HIV in Zambia, which is one of the countries worst-hit by AIDS and one of the largest recipients of Finnish Third-World assistance.

Doubles In Six Months To One Year

A present, the number of AIDs-patients doubles in six to fourteen months in the Western World. There are almost 30,000 AIDS-patients in the United States, in Europe there are 4,000. The number of infected persons is considerably larger, approximately between one and two million in the United States alone.

Within certain areas of Central Africa, 10-30 percent of the population is carrying the infection.

Based on clinical experiences, it is currently believed that about half of those infected today, will develop the AIDS-syndrome within 5-6 years. The rest will experience other symptoms, among them changes in the central nervous system.

The working group was led by Professor Pirkko H. Makela and members were Specialist Physicians Kai Krohn, Kai Sievers, Antti Vaheri and Sirkka-Liisa Valle.

12339
CSO:5400/2440

REPORTAGE ON PROBLEMS WITH, POLICY ON AIDS

Insurance Difficulties

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 22 Feb 87 p 1

[Article by Stephen Leather and Ann Nichols]

[Text]

LIFE and health insurance firms in Hongkong are to stop selling insurance policies to anyone who has been exposed to the deadly AIDS virus.

With at least 72 men, women and children in the territory known to have been infected with the disease, some insurance firms have decided to quiz all new applicants.

Health insurance company Blue Cross (Asia Pacific) was one of the first to ban all AIDS victims after paying out US$75,000 to cover the medical bills of a man who took out a policy in Hongkong and later died of the disease in the United States.

"Immediately after that case we decided to include AIDS on our exclusion list," Ms Manlo Cheung of Blue Cross, said last week.

Blue Cross now tells all applicants that they will not be insured if they have AIDS; if they develop symptoms in the future the firm will call for a doctor's report and if that shows they knew about the illness at the time they took out the policy then Blue Cross will refuse to pay up.

Other firms such as the giant Eagle Star life insurance company are now asking would-be customers if they have had a blood test for AIDS.

Eagle Star has recently changed its proposal forms in Hongkong to bring it into line with its UK offices.

"We will be asking whether the would-be policy holder has had any blood tests for AIDS or any AIDS-related condition," said Mr Bernard Depetrucci, operations manager for Eagle Star.

"If a policy holder does not admit to suffering from AIDS under the terms of the contract, then he or she has misled us and we are entitled, if they die, to refute the claim on the ground of non-disclosure."

Over the past few months several companies have started to include AIDS among the exclusions on their policies and the chairman of the Hongkong Life Insurance Council believes this number will increase in the future.

Guardian Assurance is another company which includes AIDS among its questions on its life insurance policies.

Mr Charles Monat of Transamerica Occidental Life says his was the first company in the world to screen prospective policyholders for AIDS, and last year the American courts upheld the company's right to do so.

The company conducts AIDS blood tests among high-risk policy seekers in California and New Jersey, two states with a high incidence of AIDS.

There is no such screening for AIDS in Hongkong, although Transamerica Occidental's standard proposal form does ask prospective clients whether they have had an immune deficiency disorder, including AIDS.

Mr David Hancock, chairman of the Hongkong Life Insurance Council, said the whole subject of AIDS was of "great concern" to companies.

He said: "The council believes it is something which companies have to consider themselves in terms of their underwriting requirements.

"But you will find in the future that insurance companies will develop their own policies towards it."

The Medical Insurance Association of Hongkong has also adopted a policy of allowing companies to decide for themselves on their stand.

Mr David Shaw, deputy chairman of the association, said some companies had already included AIDS in its exclusion policies.

Effects of Australian Decision

Hong Kong SOUTH CHINA MORNING POST in English 23 Feb 87 p 5

[Article by Darren Goodsir]

[Text]

SEVERAL Government departments have expressed confusion and dismay over Australia's decision to prohibit migrants and tourists suffering from the killer disease AIDS from entering the country.

They warned of the potential discriminatory powers of such measures, adding it "would be impossible and impractical to successfully police a scheme like that in Hongkong".

It is understood the British Government will also extend its contagious disease guidelines in the coming weeks to include AIDS.

Under these requirements, no entry visa is issued to people infected with a contagious disease "that may threaten in any way the welfare of the people in that country".

Immigration officers would thus be empowered to determine – on sight – incoming passengers "suspected, known or looking as though they had the disease".

They could then detain the suspected AIDS carrier for further medical tests before entry permission would be granted.

Hongkong experts yesterday said these tests could "take some time ... maybe weeks before accurate results were known".

Both British and Australian immigration officials contacted by the *South China Morning Post* said "it would be unlikely" that visitors would have to provide proof they did not have the AIDS virus before they entered the host nation.

An Australian Consul General official said: "We have always required strict medical examinations for migrants.

"However, we have received no notification that Hongkong residents will have to take tests for AIDS before they go for a holiday in Australia.

"The contagious disease position has probably just been extended."

A Medical and Health Department spokesman said: "We have been asked about this issue, but we are not planning to introduce it here.

"We have been confused about how they can detect a disease that does not develop any recognisable symptoms.

"Who could be given such a high authority to use these discriminatory powers?

"And even then if a person does have the AIDS antibodies, they may never get the virus proper ... this opens up another discriminatory question.

"The disease also has an incubation period of several weeks, so on arrival the person may not even be able to be detected."

A British Home Office spokesman was quoted as saying: "What is in existence is the ability for an immigration officer who believes that someone entering the country has a communicable disease to prevent entry.

"It would just be extended to include AIDS."

The report said recently, British air traffic controllers overheard a captain discussing a steward on board who had AIDS and relayed this information to airport immigration officials.

On arrival, the steward was detained and after an overnight investigation was sent home.

When news of the Australian ban reached Hongkong late on Thursday, sections of the medical fraternity said they envisaged "armies of doctors at airports mandatorily screening for the disease".

Regardless, any moves to increase the detection of AIDS would "be very time consuming, very costly and would be unlikely to provide the desired results," the spokesman said.

Humane Stance

Hong Kong SOUTH CHINA MORNING POST in English 10 Mar 87 p 3

[Article by Darren Goodsir]

[Text]

HONGKONG'S top medical chief declared yesterday that the territory's hospitals would continue to accept sick foreigners, even if they were suspected AIDS sufferers, because of "medical ethics".

Medical and Health Department Director, Dr K.L. Thong said: "If anybody is sick and they come to Hongkong, of course we must treat them as a patient.

"I think that is ethically correct, and from a humane point of view we must do that."

And Dr Thong defended the confidentiality surrounding the conditions of an American tourist and an African diplomat allegedly suffering from the AIDS virus in Hongkong last week.

Late on Friday Mr Bon Kouvo Eanca, 43, died in Princess Margaret Hospital after being rushed from Beijing, but officials refused to explain the cause of death.

However, Dr Thong said: "There have been four AIDS victims in Hongkong. In these cases, it is confidentiality, not secrecy, and we have to respect the wishes of the patients involved.

"We have tried to strike a balance between the interest of the patient and the interests of the community."

Dr Thong also rejected claims that medical authorities had chosen "soft options" in the Government's planned AIDS prevention drive.

He said a number of local issues and feelings had been discussed while compiling Hongkong's "package".

He would not answer questions on proposed moves to decriminalise homosexuality.

The law's critics have suggested that homosexuals are reluctant to be treated by AIDS counsellors for fear of prosecution.

But he repeated that counsellors must respect the strict code of confidentiality when treating suspected virus carriers at AIDS centres.

After officiating at the new Causeway Bay Blood Donor Centre clinic's opening he said: "The requirement for blood amounts to 170,000 units per year and it is distributed freely to all 33 hospitals to meet the needs of patients."

/9317
CSO: 5450/0109

AFRICAN DIPLOMAT FOURTH HONG KONG AIDS VICTIM

Hong Kong SOUTH CHINA MORNING POST in English 7 Mar 87 p 1

[Article by Darren Goodsir]

[Text]

AN African diplomat from Zaire has become the fourth person to die of AIDS in Hongkong.

The man, identified as Mr Bon Kouvo Eanca, 43, was flown to Hongkong from Beijing on Monday night and admitted to Princess Margaret Hospital in a critical condition.

Although the Government has not officially acknowledged that he had acquired immune deficiency syndrome, a highly-placed medical source said last night: "There were three AIDS deaths up until the end of February. The AIDS death toll at present is four."

Hongkong's first official AIDS victim was announced in February 1985, when a 46-year-old Chinese seaman died. In September that year two more men, aged 24 and 33, died.

Last month, quarterly Government figures showed the number of Hongkong people who had been exposed to the virus had grown to 72.

Services at Hongkong's only AIDS counselling clinic at the Queen Elizabeth Hospital are to be expanded to meet increased demand.

An average of 30 people a day seek advice or treatment at the clinic, which has handled over 3,000 cases since its inception in November 1985.

The African diplomat was admitted to the Adventist Hospital before being transferred to an isolation ward at the Princess Margaret Hospital.

Two ambulancemen, clothed in body-length gowns and face masks reserved for treating contagious disease victims, wheeled him away on a stretcher at 6.30 pm.

Immediately after his transfer, doctors took blood tests to determine whether he had AIDS. He was given the results on Thursday night, but these have been kept confidential in accordance with the wishes of his family.

A Medical and Health Department spokesman said last night: "We will not make any comment on the case of the diplomat because it goes against the wishes of the man and his family."

"His last reported condition was critical."

Doctors conducted similar tests on a seriously injured American tourist on Monday when he told hospital staff he had AIDS.

However, the man, 37, and his family, also refused to publicly reveal the results.

The man was rushed to hospital after being knocked down by a bus in Kowloon on Sunday.

The large number of people seeking advice and testing for the deadly disease over the past few months has prompted the need for changes.

"At present the clinic opens from 8 am to 4 pm, we want to extend that until 8 pm," the Medical and Health Department Deputy Director, Dr S.H. Lee, said yesterday.

In a month's time the Government launches a series of hard-hitting advertising packages aimed at preventing the spread of AIDS.

Dr Lee said: "We have a relatively safe record so far but this is no reason for us to become complacent.

"In these times we must try hard to increase ways to stop the spread of the disease."

He said a detailed prevention and education strategy would be implemented at various stages throughout the year.

Dr Lee said the clinic, in addition to extended opening hours, hoped to provide more telephone lines. It only has one.

Dr Lee reassured callers that all cases were handled in the strictest confidence.

"We do not ask for names when someone calls us, they are simply assigned a number."

AIDS authorities continually examine people from high risk groups, including haemophiliacs, intravenous drug users, prostitutes and sexually promiscuous people to locate new victims.

The fight to control the spread of the disease in Hongkong was initiated in late 1984, a department spokesmen said.

In October 1984, following the territory's first AIDS death, tests were taken on all staff who treated the victim and the second victim was identified.

Blood supply screening had begun when advanced testing procedures were introduced in August of that year.

The Medical and Health Department will produce its revised list of AIDS victims when it releases the January to March random test results late next month.

/9317
CSO: 5450/0110

BRIEFS

INFECTED BLOOD DONATIONS--Four percent of the blood collected by the Red Cross last year was found to be useless because it was contaminated with the Hepatitis B Virus. Director for Medical and Health Department Dr K.L. Thong said in a written reply to the finance committee that a total of 138,722 units of blood were collected in 1986. Of those, 5,549 units proved positive in Hepatitis B virus tests and were not suitable for use. Since the unit cost for collecting blood was $117, a total of $650,000 had been wasted. However, Dr Thong pointed out that the problem should lessen since "with the on-going hepatitis vaccination program in force, the population for Hepatitis B Virus carriers will continue to decrease in the years to come." [Text] [Hong Kong SOUTH CHINA MORNING POST in English 6 Mar 87 p 5] /9317

CSO: 5450/0111

BRIEFS

NEW AIDS DRUG--The Health Ministry has given limited approval to a doctor at Kaplan Hospital to treat AIDS patients with a drug recently developed at the nearby Qeizmann Institute. The drug, AL721, will be administered to 10 people who have the disease. An Israeli-born American, Dr Yehuda Skornik, who has been treating a number of homosexual victims of the disease told us that the drug is stopping all symptoms and improving critical conditions of patients, although it is yet not known for how long. Rights to AL721 are held by Praxis Pharmaceuticals of Beverly Hills, California. [Summary] [Jerusalem Domestic Service in English 0500 GMT 25 Mar 87 TA] /9738

CSO: 5400/4518

BRIEFS

AIDS VACCINE--(ANSA) Rome [no date as received]--A vaccine against AIDS (Acquired Immunity Deficiency Syndrome) will be ready within three year's time, according to a communique released here Monday by the Ciba Geigy Pharmaceutical Company, confirming rumours that were leaked from Switzerland several days ago. "On the basis of results achieved in studies and preliminary testing" the communique stated, "in three years, at the latest, a vaccine against AIDS will be ready." Monday's communique went on to add that the vaccine is presently in the experimentation stage and is being tested by Ciba Geigy and the American Chiron Corporation of California. Ciba Geigy's AIDS vaccine is aimed at modifying man's biological response and developing antivirus products. Monday's communique confirmed that experiments on man "have had the same favorable responses as those on animals." [Text] [Rome ANSA in English 0845 GMT 24 Mar 87 AU]

CSO: 5400/2444

MINISTER CONFIRMS AIDS CASES

Abidjan FRATERNITE MATIN in French 12 Feb 87 p 2

[Article by Bernard Ahua: "Minister Djedje Mady: AIDS Should Not Make Us Panic"; first paragraph is introduction]

[Excerpt] As a guest on last Monday's "Right To Health" television program, Health Minister Professor Djedje Mady acknowledged that AIDS really does exist in the Ivory Coast, inasmuch as 118 cases have been diagnosed to date. He added, however, that there is no reason to panic, since AIDS is not inflicting more damage than the other diseases to which our continent has always been prey.

Ivorians have no reason to panic over AIDS; in our country we have diseases which kill many more people and we ought to be able to cure them. There are, for instance, these many children who die from measles or those adults who die of tuberculosis. This was the substance of the message which Minister Alphonse Djedje Mady, the head of our public health department, wished to deliver last Monday on the television program "Right To Health." His questioner was Eugene Kacou, who wanted him to tell "the whole truth and nothing but the truth" about AIDS. From the beginning, the minister wanted to make his position clear: "I do not consider AIDS as the evil or the disease of the century." Why?

The minister's action is based on two major points. According to the minister, there is absolutely no question of minimizing a particularly deadly virus, one which is all the more threatening because scientists know so little about it. There is no vaccine, there is no good explanation of the way the disease develops once it manifests itself, and further, there is no agreement as to its origin and the different ways it is spread, even if some progress has been made in this specific area. In spite of the climate of fear it spreads, the minister said that AIDS is not the biggest public health threat our country faces.

No Panic Over AIDS?

First of all, Africa, and the Ivory Coast with it, does have problems which are just as worrisome. There is infant mortality: in a country like England 14 infants out of 1,000 die young, whereas our rate is 112

out of 1,000. Why" Because, according to the minister, careless or poorly informed parents do not have their children vaccinated against measles, whooping cough, etc. Because parents are often unprepared when faced with certain diarrheic illnesses which sometimes sweep through our country. There are in addition many adults who die from many illnesses which are curable under good conditions in Europe and other developed countries, whereas in our country they are still deadly. Furthermore, all these diseases (measles and other illnesses in the case of children, tuberculosis in the case of adults) pose the problem of not being contagious in the same way as AIDS.

Secondly, developed countries, which are no longer used to many sudden deaths due to disease, have exaggerated the impact AIDS can have on the world. We understand them, Mr Djedje Mady said in an aside, but those of us who are used to dying from diseases which basically are not serious cannot feel the same panicky fear of AIDS even if this disease worries us. In support of his statement, he pointed out that in the University Hospital Center's pulmonary tuberculosis unit nine deaths out of 100 were due to AIDS and close to 40 to tuberculosis.

Here is the second major point made by Eugene Kacou's guest. We must not idly dramatize the AIDS problem, to the extent that we now know the ways in which this disease can be contracted. To be sure, the death rate, on the order of 100 percent, is heartbreaking. It is at least possible to avoid this evil. First, one can control one's sexual activity, notably by avoiding too frequent changes of partner. One should also avoid high-risk partners such as prostitutes. As the minister sees it, what we have here is a problem whose complexity is that of every sexually transmissible disease: when we are in a high-risk situation, we think more about our pleasure than the risks of disease.

"Calm Things Down..."

The second type of preventive behavior comes to us from the medical and paramedical community. We have to stop the spread of the virus to healthy individuals. To the extent that this is possible, we must avoid using carriers for blood transfusions. We should systematically check to see that every piece of medical equipment, especially syringes, is thoroughly sterilized. We should even, every time this is possible, use "disposable" syringes. The matter naturally becomes even more vexing when you have a baby who has contracted the disease while still in its mother's womb or at the time of birth.

Throughout the entire program, then, the minister wanted to calm things down and bring a sort of halt to all the speculation which has been floated on the subject. It has been speculated, for instance, that certain blood types are more prone than others, or that certain foods (milk in particular) might especially help transmit the disease and even that insects as widespread as mosquitoes might have some role to play in all this. But Mr Djedje Mady's position, it must be said, was hardly a very comfortable one since we really do face a disease about which we know little. Research hypotheses continue to clutter researchers' desks.

The first major question is: are we seeing a new disease? There are two theses. The minister opted for the first: AIDS is not, properly speaking, a new disease, but it has just been discovered and many deaths which have been poorly explained until now were due to AIDS. So we find evidence of it in our country all the way back to 1962. That is already more than 20 years ago!

12789/9190
CSO: 4200/104

EDITORIAL PUTS AIDS INTO CONTEXT

Abidjan FRATERNITE MATIN in French 14-15 Feb 87 p 2

[Editorial by Kebe Yacouba: "AIDS: And What If Our Diseases Got Attention]

[Text] The revelations made Monday evening about AIDS by the Minister of Health, Professor Djedje Mady, are both surprising and staggering. They are surprising because scandalmongers had let it be known that the Ivorian authorities were determined to maintain the blackout on all information relating to the presence of this terrible disease in our country. And this long silence by our public health officials could only corroborate such an assumption. For this reason we should salute the political courage of the Ivorian government which was not afraid to acknowledge the presence of AIDS in its territory, unlike many Third World countries. The revelations were staggering because the figures cited by the minister of health are just that: 118 cases have been diagnosed to date, meaning so many people condemned to die; 60 percent of prostitutes are carriers of the virus, not to mention many healthy carriers.

In relation to the 1,819 cases in 19 African countries known to the World Health Organization, our situation can appear worrisome. But it is not alarming when compared to the 30,989 cases recorded in the United States. With these revelations, which do not dishonor our country in any way, Minister Djedje Mady simply wanted to desensationalize a plague which is baffling all the major industrialized nations, where it is the object of intense media scrutiny, which is just as baffling. The minister of health is not wrong to try to undramatize the importance of this syndrome to us. Because, as he so rightly put it, AIDS is not the disease of the century for us Africans. Accordingly it cannot be a priority public health problem. In the United States and Europe, the fear created by the extent of the syndrome is entirely justified. This is because AIDS is the deadliest disease in these prosperous countries. It is undoubtelly the only disease which medical science has thus far not been able to neutralize or prevent. In the meantime other diseases, those which ravage the Third World, have been completely conquered.

In Africa, what receives public health priority are the many childhood diseases (measles, diarrhea, whooping cough, etc.), malaria, tuberculosis,

leprosy, etc. But all those deaths brought about by malnutrition and hunger get priority as well. Those diseases with which we have become so familair are not incurable, however, With the appropriate means and good health education, we can halt them or at the very least cut down their spread.

AIDS, then, will not steal the spotlight from our diseases.

Having said this, it would be dangerous to minimize this disease, which is still terrifying because its virus is deadly and its vaccine is not yet discovered. For this reason AIDS deserves a certain amount of attention, if only by bringing together the means to halt its spread. This can be accomplished by simple preventive measures which do not cost a great deal. As Professor Djedje Mady suggested, one can avoid high-risk populations, particularly professional prostitutes; one should take precautions with operations involving blood transfusions; one should check that syringes being used are well sterilized or, when possible, opt for disposable syringes. And for those "sexual nomads," the use of condoms is highly recommended. Following these useful suggestions can keep the plague from spreading as we await...the saving vaccine.

It would be incomprehensible for African countries to invest huge sums of money in AIDS research when all sorts of epidemics are decimating their populations. And at a time when they could conquer certain childhood diseases with a tenth of the money.

We must remember that these diseases kill 40,000 children every day in the Third World, according to UNICEF. Unfortunately, that has never made us panic as much as AIDS is today.

12789/9190
CSO: 4500/104

STATISTICS ON TUBERCULOSIS

Abidjan FRATERNITE MATIN in French 17 Feb 87 p 4

[Article by Josette Barry: "The Fight Against Tuberculosis: 10 African Countries For A Common Strategy"; first paragraph is introduction]

[Excerpts] 6,000 cases of tuberculosis are uncovered each year in our country. Many other African countries suffer from this endemic disease as well. The meeting which began yesterday in Abidjan will provide an opportunity to assess the impact of this disease on the region and to coordinate efforts to fight it effectively.

A regional seminar on the treatment of pulmonary tuberculosis, organized by the National Anti-Tuberculosis Committee, opened yesterday at the National Institute of public Health at Adjame.

This seminar, which brought together specialists from several French-speaking African countries, will focus basically on an exchange of different situations and the creation of a common strategy for greater effectiveness in the fight against this disease. This strategy is all the more needed, as tuberculosis is one of the major endemic diseases in developing countries even though there exists a new strategy to uncover and halt the disease. In fact, a new therapy called short treatment is giving rise to great hopes, according to specialists. This is why, according to Professor Nangbele Coulibaly, the director of the National Institute of Public Health and the secretary general of the National Anti-Tuberculosis Committee, it is good to examine by what ways this treatment can be standardized.

Approximately 6,000 new cases per year are uncovered in the Ivory Coast; for about the past 18 months, the new therapy has produced satisfactory results. This short treatment, which cures the patient after a 6-month period, is in use at the national level, that is to say, in the 25 public health regions. A recent medical school doctoral dissertation described good patient response to the treatment. In the second month, 93 percent tested negative.

The annual risk of infection in our country is 1.5 percent in rural areas and 2 percent in urban areas. The National Anti-Tuberculosis

Committee hopes that the fight against tuberculosis can be waged in the context of the primary health care campaign. Thus, within the expanded vaccination program, infants would be protected by the BCG vaccine.

The National Anti-Tuberculosis Committee is underwriting all of this activity, principally through the sale of stamps. Its scientific committee is taking part in the development, planning and implementation of the treatment. It will also supervise and evaluate results from the treatment.

Representing the Ministry of Health, Professor Guessend stated that we must certainly adopt the new therapeutic scheme. But he said that improving living conditions for each individual is one of the most important factors if we are to reduce or even wipe out tuberculosis in the Ivory Coast.

12789/9190
CSO: 5400/104

BRIEFS

MEASLE DEATHS IN NIMBA--Monrovia, 28 Mar (AFP)--At least 15 children have died and another 75 are dangerously ill following an outbreak of measles at a town in Nimba County, some 225 miles (360 kilometers) northeast of here, the state news agency LINA reported Saturday. A health official said it was the first such outbreak in the region. [Text] [Paris AFP in English 1846 GMT 28 Mar 87 AB] /9738

CSO: 5400/142

WIDESPREAD NORWEGIAN CAMPAIGN AGAINST AIDS

Stockholm DAGENS NYHETER in Swedish 12 Feb 87 p 6

[Article by Bjorn Lindahl]

[Text] Oslo--This week few Norwegians were able to avoid discussing the AIDS-disease. A broad campaign, using full-page ads, radio and TV announcements and direct-mail information proclaimed the message that the Norwegians must change their sexual habits.

"People cherish a dream that a simple solution to the AIDS-problem will be developed, such as testing the entire population or developing a miracle vaccine. It is a psychological reaction to the fact that we really want to keep our normal conduct," says Svein-Erik Ekeid, who is the specialist physician in charge of measures against AIDS at the Board of Health.

"Our job is to get people to understand that regardless of what is being done with those who are infected, we must all take personal responsibility. Due to the incubation period of the disease, we can never keep track of all those who carry the infection. Therefore, the solution is to inform about dangerous behavior--not dangerous people."

The advertising campaign goes straight to the point: "the AIDS-infection can be bought," is one of the headlines above the picture of a man talking to a prostitute through his car window.

Not all newspapers accepted the ad campaign, which is being paid for by the Board of Health and is costing 6 million kronor. Some ten newspapers, led by the Christian national newspaper, VART LAND, published an alternative ad campaign, where marriage was stressed as a better preventive method against AIDS than condoms.

Radio and TV

However, the ad campaign did not meet with as much resistance as did a campaign last year, which was intended for homosexuals. Even the largest morningpaper, AFTENPOSTEN, refused to accept part of the ads.

Along with the ads, a large part of radio and TV time is devoted to programs about AIDS. Two weeks ago, people could dial a number and record questions about the disease. The programs now being aired are discussing many of the more than one thousand questions that were called in. It also helped to determine which questions bothered people the most.

There are also manned telephones at all county councils and volunteer organizations to call for further information.

At the end of the year, 35 cases of AIDS were registered in Norway. The health authorities know of 500 persons infected with HIV, the virus that produces the disease. It is assumed, however, that another 3,000 persons are infected with HIV.

"The firghtening thing is that if the disease is allowed to continue to spread, in a few years, we will experience the fact that more people are dying from AIDS than from traffic accidents. Those infected today alone, will lead to 700-800 AIDS-cases in 1990," says Svein Ekeid.

He believes that information can limit the spread of the infection considerably and points to Holland, where the number of syphilis-cases was reduced from 2,000 to a handful. The sale of condoms increased 40 percent last year in Norway.

12339
CSO:5400/2440

DAVAO MALARIA OUTBREAK KILLS 20

Davao City THE MINDANAO MIRROR-BULLETIN in English 9-15 Mar 87 pp 1, 6

[Text] Regional authorities of the department of health rushed a malaria control team last week to the towns of Boston and Cateel, Davao Oriental following an outbreak of malaria in several barangays there.

Dr. Aproniano Brion, Davao Oriental provincial health officer, dispatched an all-man team headed by Charlie Palmones to the two towns after receiving reports that a total of 20 people have died of malaria since the second week of February.

The Palmones team, bringing with them anti-malaria medicines, found out that 90% of the people in the affected towns, particularly in the barangays of San Alfonso and Sibahay, have been infected by the disease.

Palmones reported that out of the 1,300 residents whose blood was examined by the team, a total of 1,113 people were found positive with malaria.

The team brought 4,000 tablets of sulfadoxyn and gave them in double dosage to radically infected patients who were dying and having severe chilling.

The double dose worked as the patients miraculously survived and were able to walk the following day.

It was gathered that while people of Boston and Cateel were thankful to the team of Palmones for saving their lives, they blamed health authorities for past neglect.

They said that it was the first time that a DOH malaria control team has reached them, despite common knowledge that it was practically the core of the malaria-infested areas.

The DOH was blamed for not supplying enough DDT for spraying colonies of mosquito vectors.

/13104
CSO: 5400/4351

CHOLERA OUTBREAK REPORTED IN JONG

Freetown WE YONE in English 14 Mar 87 p 1

[Text] Another serious outbreak of Cholera has broken out in Sierra Leone--this time at Mattru Jong in the Jong District--and three people including a housewife have already died at the United Brethren in Christ Hospital there while fears are being expressed over the health of Paramount Chief Sam Goba of Jong Hospital, who is one of the twenty-three other patients admitted at the hospital.

Their condition is described as critical.

The deadly disease first hit the nation just over twelve months ago in Kambia District and by February 12 some seventy people had died and the outbreak had spread to parts of Port Loko and Magburaka.

By May 28, official sources had confirmed the death poll as between 300 and 350.

Dr. L. H. Kabba, National Manager of the Diarrhoea Disease Programme, said that only Bonthe and Kabala Districts had been free of the disease.

Now, for the first time, Bonthe District has been affected.

Health authorities were taken surprise when several people were rushed to the UBC Hospital last Sunday, where it was confirmed by the medical officer that this is an outbreak of Cholera.

A report was immediately despatched to the Endemic Diseases Control Unit's headquarters in Bo.

/12828
CSO: 5400/144

POLICE GIVEN GUIDELINES ON AIDS

Cape Town THE ARGUS in English 19 Mar 87 p 3

[Text] JOHANNESBURG. — Policemen throughout South Africa have been warned against Aids and have been issued with strict guidelines to follow if they come in contact with possible sufferers.

The warning — issued as a circular to divisional commissioners — was made by the senior deputy commissioner (administration), Major-General J Coetzee, in Pretoria this month.

He gave the warning after Cape Town police recovered the body of Aids victim Mr Wally Banks who had apparently jumped off a cliff. However, tests conducted on the policemen showed negative results.

A spokesman said that as far as was known no policeman had contracted the disease.

A medical register was to be opened for any policeman who may become infected, the circular instructed.

Policemen were also warned against contact with the blood of possible victims of infectious diseases.

In addition, all injured persons or bodies were to be treated as possible carriers of infectious diseases.

Those policemen who come in contact with a possible Aids victim must immediately have two blood samples taken for analysis and SAP headquarters in Pretoria must be informed immediately.

Blood tests must be repeated eight weeks after initial contact and again every three months for a year, the circular said.

● The Argus Foreign Service reports from London that in the first such test involving a human, a French medical researcher has injected himself with an experimental vaccine containing components of the Aids virus — and has suffered no side effects.

The researcher, Dr Daniel Zagury, has remained healthy with no apparent damage to his immune system after nine weeks.

Dr Zagury and his colleagues at the Universite Pierre et Marie Curie, in Paris, report the experiment in a scientific magazine.

/12828
CSO; 5400/145

FIRST PRISONER TO CONTRACT AIDS DIES

Cape Town CAPE TIMES in English 21 Mar 87 p 1

[Article by Chris Steyn]

[Text] **THE first South African prisoner to contract Aids died in H F Verwoerd Hospital in Pretoria yesterday.**

And, in a bid to prevent further contamination of prisoners, all other suspected Aids cases are being segregated from the rest of the prison population.

The first two cases of Aids in the country's prisons were confirmed on Monday.

In another development, a spokesman for the Prisons Service disclosed yesterday that the central broadcasting systems at prisons were now being used to educate prisoners about the deadly disease.

When asked whether free condoms should not be issued to prisoners in a bid to contain the spread of the virus, the spokesman said that such a step would serve to condone of homosexual acts "which are presently prohibited".

"As is the case in the community in general, homosexual tendencies are also found in the prison population. It should, however, be pointed out that prisoners are constantly under the control of trained personnel.

"Homosexual activities are subsequently not tolerated in prisons and the necessary criminal and/or disciplinary steps are taken against transgressors," the spokesman said.

He said that members of the Prisons Service country-wide had already been alerted against the dangers of the disease.

Instructions had been issued to all commanding officers and heads of prisons to serve as guidelines for personnel who might be dealing with prisoners suffering or suspected of suffering from the disease.

Blood tests were taken from all prisoners regarded as falling into the high risk category and the identification and screening of prisoners in this category was a continuing process.

"The Prisons Service places a high premium on the positive results that may be achieved with the Aids education programme and this is therefore being done with the help of the Department of Health and Population Development throughout the Republic," the spokesman said.

Prisoners were warned regularly against the dangers of the disease and the ways in which it could be contracted.

He said the Prison Service's decision in 1985 to suspend the donation of blood by prisoners was a purely precautionary measure which proved to be the correct decision at that time.

The Aids education "task team" was presently dealing with the question of what was to be done on release of prisoners who suffered from Aids.

/12828
CSO: 5400/145

GAYS REFUSE BEING TESTED FOR AIDS

Cape Town THE ARGUS in English 6 Mar 87 p 3

[Article by Linda Galloway]

[Text]

MOST homosexuals will no longer volunteer for Aids testing because of victimisation and discrimination and the Gay Association of South Africa (Gasa) has backed the decision.

Two spokesman for the association in Cape Town said last night that the feeling among "informed homosexuals" was that there was no benefit in having the test but many drawbacks.

They said this would not increase the risk to the "outside" community.

Most gays had taken precautions to prevent spreading the disease. They thus did not need to go through the trauma of being diagnosed sero-positive, unless there was a medical reason for taking the test, they said.

Loved ones

"It is not an ordinary blood test — those found positive stand to lose their jobs and their loved ones and will suffer tremendously.

"They have difficulty getting medical treatment, particularly dental work, and are victimised and ostracised in society."

Gasa was also worried about breaches in confidentiality when people were tested and no "random testing" had been done to ascertain the incidence of the disease among homosexuals.

"We would be all in favour of random testing in the community if the names and sexual preferences of people were not disclosed," they said.

To disclose one's homosexual history was to admit to being a criminal, because homosexual practices were not legal in South Africa.

"Gasa feels very strongly that gay civil rights should be addressed before fingers are pointed and demands made.

"It's like apartheid. People say 'Oh well, it's only gays, prostitutes and druggies who get it', as though those people were disposable anyway.

"From childhood homosexuals know they are different. Once they recognise it as being gay, all they hear is 'bad, evil'. To deal with all those things and then find out you have Aids is traumatic.

"If they tell anyone, they are immediately ostracised; they could lose their partners and support system.

"Every minor health problem becomes a major trauma. We have seen depression and potential suicides.

"Everyone, not just gays, should be practising safe sex. And safe sex is more than just wearing a condom.

"Promiscuity is a problem and people must realise that emotional involvement, commitment and non-sexual interaction are all part of a safe sexual relationship."

● Gasa's 24-hour Aids counselling service is open to anyone who has questions about the disease: ☎ 215 420, page number 7452.

/12828
CSO: 5400/145

AIDS RISK FOR EMERGENCY SERVICE WORKERS

Cape Town THE ARGUS in English 6 Mar 87 p 3

[Text] EMERGENCY service workers dealing with Aids carriers had no way of knowing whether a patient was infected, Dr Antoïnne van Wyk of the Metro emergency service told a meeting of emergency and rescue workers.

Ambulance men, fire officials from Peninsula municipalities and National Sea Rescue Institute (NSRI) representatives from as far afield as Mossel Bay attended the symposium on *High Risk Transmissable Diseases* and *The Emergency Care Worker* by Dr van Wyk.

The lectures will be repeated in Port Elizabeth and East London.

BODY FLUIDS

Dr van Wyk said that although emergency service workers had little chance of contracting Aids from patients, they ran the highest risk of all occupations, because they did not know if their patients had the disease.

It is known that Aids is transmitted through body fluids, particularly blood.

As professionals, emergency workers were morally obliged to provide the best care possible for those in need, but should do so without exposing themselves to the hazards of infection or other dangers.

Surgical masks should be worn when dealing with patients with respiratory signs and symptoms and disposable gloves should be worn if there were body fluids to be dealt with.

Contaminated disposable items should be discarded in containers for incineration provided in ambulances.

It was the responsibility of workers to ensure that open wounds were covered with waterproof dressings.

Contaminated equipment had to be disinfected and sterilised after each call-out where high-risk infectious disease was involved and vehicles would be decontaminated by workers wearing surgical rubber gloves, masks, goggles, theatre gowns and plastic aprons.

/12828
CSO: 5400/145

DENTISTS TOLD IDENTIFYING AIDS SUFFERERS 'UNETHICAL'

Cape Town CAPE TIMES in English 16 Mar 87 p 3

[Text]

PORT ELIZABETH. — Doctors would be breaking ethical rules if they disclosed the identity of Aids sufferers to anybody — including dentists.

This was said by Dr Alexander Albert, medical director of the Eastern Cape Blood Transfusion Service, in response to a demand by the Dental Association that doctors disclose to them names of people known to be infected with the Aids virus.

The president of the East Cape branch of the Dental Association, Dr Alan Froom, endorsed the call made by the national body last week.

So far four people here have been diagnosed as Aids sufferers.

Dr Froom said the issue had been discussed at length at a meeting of the association here. Not only did dentists work with sharp objects, but they were at risk if they had any broken skin on their hands.

Dr Albert said a dentist did have the option of refusing to treat a patient.

District surgeon Dr Lou Krige said patient confidentiality should be observed at all costs.

He said he did not believe dentists were at risk — unless "the patient bites them or if they have open sores on their hands. In that case they should not work inside people's mouths".

/12828
CSO; 5400/145

BRIEFS

AIDS WARNING FROM UCT MEDICAL RESEARCHERS--Cape Town--University of Cape Town medical researchers believe South Africa faces an AIDS epidemic unless immediate action is taken--and a leading medical expert has warned that AIDS could wipe out Africa's entire sexually promiscuous population by the turn of the century. In another development, UCT criminologist Mr Wilfred Shcarf has said it would be "virtually impossible" to control the spread of AIDS (Acquired Immune Deficiency Syndrome) among prioners because of widespread homosexuality. He said prisons encouraged homosexuality and that the prison authorities "are going to have a hard time limiting the spread of the AIDS virus--it will take a mammoth effort to re-educate these people about the dangers of their sexual habits."--Sapa [Text] [Johannesburg THE STAR in English 26 Mar 87 p 3 M] /9317

CSO: 5400/148

INCREASING NUMBERS OF PEOPLE TESTED FOR AIDS VIRUS

Stockholm DAGENS NYHETER in Swedish 10 Mar 87 p 6

[Article by Carin Stahlberg: "Strong Increase in AIDS Tests"]

[Text] More and more people are having themselves tested for AIDS. After last week's newspaper ad about anonymous AIDS-testing, the telephones have rung off the hook at dermatology and infectious-diseases clinics.

"We have noticed a marked increase in the number of patients. Even people who do not belong to the so-called traditional risk groups are coming in now. Women and men, ages 25 to 70 years," says Suzanne Soderberg, social welfare secretary at the HIV/AIDS information center in Sodertalje.

Those who go there for AIDS-tests, must first talk to the social welfare secretary. After that the patient meets with a physician who does a light examination and asks some questions, for instance, why do they want to be tested for AIDS?

"There are many who go around worrying. Even though the chances of their having been exposed to the virus are minimal, it feels good to talk to knowledgable people about their worries," saus Suzanne Soderberg.

Ordinary Blood Test

After the doctor's visit, a nurse takes the actual sample. An ordinary blood sample from the crook of the arm.

"The patient is then given a time for a return visit to learn the result of the test. In most cases we want them to come back here, but we will also give the result over the telephone. That is determined by the physician," says Suzanne Soderberg.

Patients, who want to be tested for AIDS, are received differently at different hospitals and clinics. In can even vary between different departments in the same hospital. Even the times between taking the samples and receiving the results.

At the infectious-diseases clinic at Danderyd Hospital, there is a short delay before taking the test. Most often the person can call one day and come in for the test the next. A nurse asks if the patient belongs to any of the risk groups, if they want to remain anonymous and if they want to get the result over the telephone or in person.

Code Names

At the dermatology clinic in the same hospital, the person who wants to remain anonymous must give a code name, type John Doe. Before the sample is drawn, the patient meets with a physician who asks the reason for the test and whether the patient belongs to any of the risk groups, among other things.

The physician also gives a short explanation about safe sex and the importance of using condoms. Furthermore, the patient is prepared for the fact that the time between the test and the result may be difficult. The physician says that it is not unusual for the patient to feel very apprehensive even though he or she may not belong to the risk groups.

At the dermatology clinic, results are not given over the telephone, only when the patient returns. The result takes one week.

When you call for an appointment with the infectious-diseases clinic in Roslagstull, a nurse inquires why you want the test. When were you infected? Do you belong to one of the risk groups? If no--why do you want to be tested? There is a waiting-period of one week before the test. It is done in the same manner as the test at the dermatology clinic at the Danderyd Hospital. The test result takes a week to ten days and will only be communicated on a return visit.

AIDS Curator

At the skin and vein clinic at the Karolinska Hospital, there is a special "AIDS curator."

"If necessary, she can talk to worried patients, and informative talks are important. For instance, if a person was intimate with someone from the risk groups three weeks ago, the test will not show whether the person is infected or not," says Isolde Julin, a nurse at the Karolinska Hospital. "The AIDS-test will not give a reliable result until six to eight weeks after a possible infection."

"But coming here and talking to a curator, taking the test and then receiving a time for a return visit is not popular. The patient prefers to take the test and then get the result over the telephone," says Isolde Julin.

Most of the people who have been tested at the Karolinska Hospital lately, do not belong to the so-called risk groups.

"No, many of them really have no reason to worry. But they want to be sure and that is all very well, but we really do not have the resources. And so far, we

have missed the ones we want to catch," says Isolde Julin.

There are no set office hours for the AIDS-test at the skin and vein clinic at the Karolinska Hospital.

"We have to squeeze them in with the ordinary patients, and we are filled."

Footnote: The traditional risk groups are:

Those who inject drugs and have shared another person's syringe or needle.

Those men who have had sexual contacts with other men since 1979.

Those who have had sexual contacts with the groups above, man or woman.

Those who have had sexual contacts with prostitutes or with persons from countries where the infection is common.

Those who have received blood transfusions in a country at a time when the infection was common there.

12339
CSO:5400/2440

AIDS CARRIER REPORTED BY PUBLIC HEALTH AUTHORITIES

Bangkok MATICHON in Thai 27 Nov 86 p 3

[Unattributed report: "AIDS Victim Had Sexual Relations With Frenchman"]

[Text] Public health officials are watching an AIDS carrier said to be from Chainat Province. She reportedly had sexual relations with a Frenchman.

At 1000 hours on 26 November at the auditorium of the Ministry of Public Health, Mr Thoetphong Chaiyanan, the minister of public health, and Dr Thira Rammasut, the deputy director-general of the Department of Communicable Disease Control, issued a statement on the report that a Thai has come down with AIDS. The Department of Communicable Disease Control has checked with the Detcha and Chulalongkon hospitals and learned that the blood tests were positive. The ministry will coordinate things with the two hospitals to conduct tests and monitor this person.

Dr Thira said that only one AIDS carrier has been discovered. The carrier is a 23-year-old woman from Chainat Province who once had sexual relations with a Frenchman. She was first examined at the Detcha Hospital. Following that, doctors sent here to the Chulalongkon Hospital for further tests.

Officials at the Detcha Hospital issued a statement saying that as reported, the hospital examined a 23-year-old woman, who had come for a physical examination in order to obtain a certificate needed to go work in the Middle East. The blood test was "AIDS positive." She was sent to the Chulalongkon Hospital for further tests. The Chulalongkon Hospital conducted skin and T-cell texts, which is the final step in checking for AIDS. The tests confirmed that the patient had AIDS positive blood. She is just in the carrier stage. But she can spread the disease to others. Thus, the Ministry of Public health should monitor the patient closely. This woman must not give blood to others. If she has sexual relations, a condum should be used.

11943
CSO: 5400/4346

SURIN STUDENT WITH AIDS REPORTED

Bangkok MATICHON in Thai 28 Nov 86 pp 1, 16

[Excerpt] On 25 November, Dr Chamnong Bunmak, the director of the Special Activities Section, Detcha Hospital, revealed that on 14 October, the Detcha Hospital, which is one of four private hospitals that has been granted permission to give AIDS tests to workers planning on working in Saudia Arabia and which has already screened approximately 150,000 people, found the AIDS virus in a 23-year-old worker who had graduated from the Surin Teachers College. This was the first case of AIDS discovered.

"When the test turned out positive, we sent the person to the Chulalongkon Hospital, which confirmed that he did have the AIDS virus. Thus, he can't go to Saudia Arabia to work," said Dr Chamnong.

Dr Chamnong said that after the Chulalongkon Hospital confirmed that he had AIDS and could not travel abroad, the Detcha Hospital informed both the man and the Department of Communicable Disease Control, Ministry of Public Health. The Department of Communicable Disease Control will monitor him to prevent him from spreading the disease to others. This is the responsibility of this department.

"The patient is a homosexual. During questioning, he said that he had never been involved with foreigners. He said that he had had sexual relations only with Thai men. He said that he probably contracted the disease from another Thai," said Dr Chamnong. He added that the Chulalongkon Hospital is now treating this man.

A report from the Chulalongkon Hospital said that besides finding a gay AIDS carrier from the Surin Teachers College, two other gays with AIDS have been found in Phuket Province. They contracted the disease from foreigners. They are in the carrier stage and can transmit the disease to other homosexuals.

Dr Winit Atsawasanao, the director-general of the Department of Communicable Disease Control, Ministry of Public Health, told MATICHON that the department contacted the Chulalongkon Hospital and was informed that the man did not have AIDS. However, the blood tests were positive. Also, he did not come from Surin Province but from Chainat Province. The Chulalongkon Hospital first examined the patient on 18 November. The T-cell text was normal.

If blood tests using two separate methods are positive, it then becomes necessary to do a T-cell test. The T-cell test gives very reliable results. If the T-cell test is positive, this shows that the person has AIDS. In the case of this patient, the T-cell test was negative and so he does not have AIDS.

Dr Winit said that if the patient does in fact have AIDS, the Department of Communicable Disease Control will have to monitor things constantly in order to prevent the spread of this disease. For example, the man must not have sexual relations with his wife, and the department must monitor those who came in contact with the disease.

Dr Winit said that since the first case of AIDS was reported in Thailand, the Department of Communicable Disease Control has examined approximately 5-6,000 people at risk of contracting the disease. However, no one has been found to have the disease. There have just been a few cases in which the blood tests have been positive. But they did not have AIDS. Since the Ministry of Interior issued an announcement on monitoring potential AIDS carriers closely, strict action has been taken. Other countries have not provided the names of any AIDS carriers, because no one with AIDS has entered Thailand.

11943
CSO: 5400/4346

HIGH VD RATE IN PATTAYA, NO AIDS REPORTED YET

Bangkok SIAM RAT in Thai 19 Feb 87 pp 1, 16

[Unattributed report: "Thirty Percent of Male and Female Prostitutes in Pattaya Found To Have VD"]

[Text] To usher in the Visit Thailand Year, the Ministry of Public Health conducted a VD survey in Pattaya and found that 30 percent of the male and female prostitutes had a venereal disease. However, no cases of AIDS were found.

Dr Winit Atsawasanao, the director-general of the Department of Communicable Disease Control, Ministry of Public Health, talked about controlling the VD problem among female prostitutes in Pattaya. He said that because Pattaya is a tourist city where a large number of prostitutes work, the VD rate here is quite high. The department is coordinating things with Pattaya to control the spread of VD. A special VD unit has been established. It will focus on examining and treating people in order to prevent the spread of VD.

Dr Winit said that if the control measures are to be effective, prostitutes should be registered so that they can be monitored closely. Because today, even though the department has more than 50 VD units nationwide and can supervise the tourists spots, it is difficult to monitor all of these women and get them to use the services provided, because prostitues move to other areas frequently.

Dr Samroeng Saengsu, the director of the Zone 3 VD Center, Chonburi Province, and Dr Somsak Buan Seriphathai, the head of the Banglamung VD Unit, stated that resolute action will be taken to control VD in Pattaya during the Visit Thailand Year. Officials will visit trouble spots and prostitutes more frequently, that is, 3 times a week. In addition, seminars will be held for the owners of various places of entertainment to inform them of their role and get them to participate in controlling VD.

Dr Somsak said that in Pattaya, there are more than 4,000 prostitutes who work out of 293 places of entertainment. Besides this, there are another 1,000 streetwalkers. There are also 252 male prostitutes who work out of 11 places of entertainment. The survey conducted by doctors found that 30 percent of these prostitutes had a venereal disease. The most common venereal disease was

gonorrhea followed by syphilis, non-specific urethritis, chancroid, and lymphogranuloma venereum.

As for AIDS, Dr Samroeng said that no cases of AIDS have been found in Pattaya. Steps have been taken to prevent people from bringing in this disease, because this disease is spread by foreigners. Blood tests are given every 6 months.

11943
CSO: 5400/4346

EPIDEMIOLOGIST DISCUSSES NEW MALARIA TREATMENT

Bangkok NAEO NA in Thai 17 Feb 86 p 16

[Unattributed report: "New Drug Used To Treat Malaria"]

[Text] On 16 February, Dr Krongthong Thimasan, the head of the Epidemiology Section, Malaria Division, Department of Communicable Disease Control, stated that in 1985, the Malaria Division began using a new drug to treat malaria nationwide. Thailand is the first country in the world to use this drug widespreadly. This new drug is M.S.P., which is composed of mefloquine, sulfadochzine, and pyrimethamine. Using this new drug will prevent the malaria parasites from becoming drug resistant and help achieve good results in treating and preventing malaria.

The P. falciparum parasite is resistant to chloroquine and fanzidar, which used to be very effective in treating malaria. Some areas have had to return to using quinine, which should be given only to patients who are seriously ill. This has made it difficult to treat this disease, because quinine has to be taken for 7 days in a row and it has many side effects. It is inconvenient to treat patients at the malaria clinics using this drug, and it is much more expensive than in the past.

M.S.P. was tested widespreadly in the country during the period 1983-1984, and it proved to be very effective. In 1985, the Malaria Division began using this drug nationwide to treat the P. falciparum and mixed strains, which include P. falciparum. Satisfactory results have been achieved.

Dr Krongthong said that in order to ensure that the use of this new drug achieves results over the long term and to prevent the parasites from quickly developing a resistance to the drug, the Department of Communicable Disease Control will control the use of this drug based on criteria set by the World Health Organization. That is, it will be used to treat the P. falciparum strain. It will be given only to patients who have this strain of malaria. It will be given to all patients who have this strain of malaria with certain exceptions. For example, it cannot be given to pregnant women, infants less than 6 months old, and people who are allergic to sulfa drugs. M.S.P. will not be used as a prophylactic among people in general. The exceptions are officials engaged in catching mosquitoes and entomologists, who are at risk of being bitten by infected mosquitoes. This drug will not be sold at drug stores. People might buy the drug and use it improperly, which would lead to the parasites building up a resistance to the drug more quickly.

TB STILL A PROBLEM: COMMUNICABLE DISEASE SPECIALIST

Bangkok DAILY NEWS in Thai 1 Aug 86 p 7

[Unattributed report: "TB Kills 15 Thai a Day"]

[Text] Dr Winit Atsawasanao, the director-general of the Department of Communicable Disease Control, issued a statement on fighting TB in Thailand. He said that today, even though the TB situation has improved, TB still causes more deaths than any other communicable disease. Approximately 15 Thai die from TB each day. The death rate from TB is approximately 11 per 100,000. At present, approximately 700,000 people in the country have TB. About 150,000 are in the carrier stage. There may be more who are in the carrier stage, but it has not been possible to examine them. In Bangkok, which has a population of approximately 5 million, there are 65,000 people with TB.

Today, there are new drugs that can cure TB completely in just 6 months. But only half of those treated have been cured completely. This is because the others do not take the drugs for the stipulated period of time. When the symptoms disappear, they think that they are cured and so they stop taking the medicine. As a result, the drug-resistance of the disease increased from 1.1 percent in 1967 to 4.3 percent in 1980, and it is even higher today. The incidence of TB in children is still very high, that is, 8.9 percent. It is essential that children be vaccinated with BCG. Today, only 80 percent of the children nationwide can be vaccinated.

The director-general of the Department of Communicable Disease Control said that people who have a chronic cough or chest pain of unknown cause, who cough up blood, who are physically weak, and who lose weight and do not have an appetite, particularly those who work hard, who frequently participate in the night life, or who do not eat at a regular time, should be very careful. Because if a person has TB and he is physically weak, symptoms will appear immediately.

11943
CSO: 5400/4346

BRIEFS

RESEARCHERS FIND NEW ANTI-RABIES VACCINE--On 22 January, Dr Suphawat Chutiwong, the director of the Science Division, Thai Red Cross Association, said that France is cooperating with the Science Division in producing a new type of anti-rabies vaccine known as a viro-cell vaccine. It is produced from cultures using kidney cells from monkeys. This vaccine is just as good as that produced from human cells and chicken egg cells. People who have been bitten by a rabid dog receive about five injections of this viro-cell vaccine. Using vaccine produced abroad, treatment costs approximately 3,000 baht. But if it can be produced in Thailand, the cost will drop to approximately 1,000 baht. Today, only one company in France is capable of producing this vaccine. On 11 February 1986, the Science Department will sign an agreement in order to cooperate in producing this vaccine. France will help develop production in stages and send experts to provide guidance and technical support. It is expected that Thailand will be capable of producing this vaccine on its own within the next 2-3 years. This vaccine will replace the old vaccine. It will be cheaper and more effective. At present, we are still using the vaccine that requires 14 injections in the stomach and that produces many side effects. As for other types of vaccines, such as that produced from human cells and the viro-cell vaccine, these are being used, but they are still very expensive. [Excerpt] [Bangkok DAO SIAM in Thai 23 Jan 86 pp 1, 2] 11943

MALARIA SPREADS IN SOUTH--Malaria is spreading in five southern provinces. At the end of the year, there were more than 8,000 cases of malaria. Dr Somsak Pradapwong, the director of the Zone 4 Malaria Center, Songkhla Province, informed MATICHON that officials have found two strains of malaria, that is, P. vivax and P. falciparum, in Chumphon, Nakhon Sithammarat, Surat Thani, Ranong, and Yala provinces. These two strains of malaria affect the brain and liver. At the end of 1986, 8,300 people were suffering from malaria. Unless people receive treatment, they can die. Dr Somsak said that in these provinces, many people have gone into the forests to fell trees in order to plant coffee plants. They build small cabins and live in the jungle. It is difficult for the malaria units to spray these areas to prevent the spread of malaria. [Excerpt] [Bangkok MATICHON in Thai 24 Feb 87 p 3] 11943

CSO: 5400/4346

BRIEFS

AIDS INCIDENCE TERMED 'ALARMING'--The World Health Organisation (WHO) has granted 500,000 US dollars to Uganda for the control of AIDS. It has also given 600,000 condoms and another 1.4 million are on the way. The money will purchase gloves, boots, aprons, syringes, Elisa blood screening machines, AIDS testing kits, assorted accessories and provide for the immediate general training of AIDS health workers. AIDS has reached alarming proportions in Kampala as three to five cases are recorded daily at Mulago Hospital. This does not include cases of Nsambya, Rubaga, Namirembe hospitals and unhospitalised cases. Four hundred and fifty-three confirmed cases had been recorded by the end of 1986 by the AIDS Surveillance Sub-committee. Around 86 percent of prostitutes are affected by AIDS in Rakai district compared to 10 percent of the affected ordinary population while 76 percent of prostitutes in Lyantonde are affected. In view of the above facts, the Chairman of the AIDS Surveillance Committee, Dr S.I. Okware reiterated the warning that people should stick to zero-grazing or restrict sex to one sex partner. He dismissed fears that AIDS could be transmitted through sweat and saliva as not workable. He explained that the AIDS virus was active in blood and semen or sperm because both have abundant lymphocytes that the AIDS virus attack. [Text] [Kampala NEW VISION in English 20 Feb 87 p 1] /9317

CSO: 5400/149

PREVENTION OF SKIN DISEASES AMONG FRONTLINE TROOPS DISCUSSED

Hanoi KHOA HOC VA DOI SONG in Vietnamese 16 Dec 86 p 3

[Article by Dr. Phan Phuong of the Military Medicine Institute: "Prevent and Fight Skin Diseases Among Frontline Troops"]

[Text] During the past several years, skin diseases have clearly tended to increase and are now a topical concern of front-line troops. In order to contribute to resolving that problem, the Dermatology Department of Military Hospital 103 of the Military Medical Institute has continually sent groups of scientific cadres to the front to study the epidemiological factors, find out about the skin disease structure, propagandize with regard to disease-prevention sanitation, and organize unscheduled treatment.

From the investigative data regarding the skin diseases structure among front-line troops, we have noted the following.

The principal fungal disease is ringworm, caused by the Trichophytonrubrum fungus, which develops strongly during the hot and humid months and gradually declines during the cold months. With the research project, "Finding a Chemical To Impregnate Troops' Underclothing To Prevent Fungal Diseases," we are making all-out efforts to reduce the incidence of those diseases.

With regard to scabies, in addition to its law of development during the cold and dry months, it may also spread during hot months when there are unsanitary conditions. When monitoring scabies in a unit, we noted that the incidence of scabies declined gradually according to the number of years in service. Therefore, in disease prevention it is necessary to pay more attention to recruits.

Troops may have many skin diseases at the same time, or one person may contract a disease many times. A high percentage of the skin disease cases also have infectious sores with pus, which makes them even more ill and makes their diseases difficult to treat. There must be medicine to fight contagious skin diseases and individual sanitation must be strengthened.

With regard to consciousness, we cannot regard skin diseases lightly, for they are diseases caused by environmental conditions and the treatment of physical disorders caused by such diseases is not simple. Their rapid spread reduces

troop strength, weakens the troops' strength, and increases the other diseases. There must be consciousness and understanding with regard to skin sanitation and strong rubbing and spreading miscellaneous medicine on the skin must be avoided. Underclothing should not be too tight, uniforms should not be shared, and hair and fingernails should not be allowed to grow long. It is necessary to draft individual and collective skin sanitation regulations which are appropriate to each basic unit, overcome all difficulties, and provide facilities for laundry, bathing, clothes drying, etc. When a disease is present it must be detected promptly and treated quickly and thoroughly. The regulations regarding the application of medicines, bathing and laundering, sufficient living space, and the improvement of living conditions must be observed.

With regard to the organization of training, our group has reached agreement with the basic units regarding a number of measures for the immediate future:

Stepping up propaganda and education regarding sanitationto prevent skin diseases.

Supplementing the specialized knowledge of military medical cadres and enlisted men.

Supplying more medicine to the front-line units, especially medicine to treat fungal diseases and scabies and medicine to fight contagious diseases.

Emphasizing the use of fungicides and making use of folk medicine.

Organizing regular treatment combined with ad hoc treatment to ensure high effectiveness.

At present, the army units at the front are giving rise to a movement to create and maintain good individual and unit sanitation practices, cause the incidence of skin diseases to decline to the lowest possible level, and contribute to improving our troops' health and fighting ability.

5616
CSO: 5400/4337

ANTI-TB PROGRAM IN VIETNAM DESCRIBED

Hanoi SUC KHOE in Vietnamese 20 Dec 86 p 1

[Article by Do Hua: "Preventing and Fighting TB in Vietnam"]

[Text] The task of preventing and fighting TB in Vietnam began in 1957 in both regions of our country, while it was still divided. The 30 years of that activity may be divided into the following three development phases:

Between 1957 and 1975, under the circumstances of economic restoration after 9 years of resistance war, then a war to unify the nation, the anti-TB activities experienced difficulties with regard to facilities, the construction of a network, working conditions, and work experiences and policies. However, thanks to the advantages of a socialist regime there were a number of initial accomplishments which created a basis for future development.

Between 1975 and 1985 the nation was unified, international relations were expanded, and the anti-TB work had better conditions and a more explicit and appropriate policy.

Since 1985, the requirements with regard to quality were established and the anti-TB activities had to be carried out more economically, rationally, and effectively, and the organizational network had to be built up more tightly.

With regard to its line, our country's anti-TB program activities have been in the following principal directions:

Wide-spread BC G inoculations for children, with emphasis on newborn babies and infants under 12 months of age. discovering TB victims, primarily people who cough up bacteria, by the technique of direct sputum inspections.

Treatment by means of the rational, effective, and economical use of anti-TB chemicals, mainly on an out-patient basis.

Building a broad, integrated anti-TB organization in the over-all public health organization and activities.

Education with regard to sanitation and disease prevention among the people in order to have effective disease prevention and disease treatment.

We must research all aspects of the anti-TB activities, with regard to epidemic prevention and treatment, and the organization of clinical medicine, and social medicine, in order to continually improve the program, promptly attain the goal of controlling the disease, and gradually change over to activities against lung diseases.

With regard to TB prevention, more and more newborn babies have received BCG inoculations, the number of reinoculations for children between the ages of 7 and 14 declined, and that activity is moving more in the right direction. In 1984 the number of newborn babies inoculated was 3 times greater than in 1975. However, in all only about 50 percent of the newborn babies are inoculated every year, which is clearly insufficient.

The present policy regard BCG inoculations is to give the inoculations in steps: every month, 3 months, or 6 months. Such organization will resolve many problems, such as the need for vaccine, transportation and storage capabilities, and implementation facilities.

At present the expanded inoculation program that is being carried out will facilitate TB inoculations. In inoculations, attention must be paid to storing the vaccine in accordance with instructions, keep records, and report on the amounts that must be kept continually on hand.

With regard to development a strong point of the anti-TB program in Vietnam is that we have created an extensive microscope network. All districtsare capable of discovering patients who cough up TB bacteria.

During the past 10 years, the number of infected cases increased from 12,000 (1976) to 31,000 (1985). The ratio of carriers diagnosed by X-ray or in clinics declined greatly, from 67 percent of the new patients confirmed in 1976 to 41 percent in 1985. The anti-TB program is now more on the right track. However, on the basis of the results of epidemiological studies, we see that the number of new patients discovered is only about half of the estimated number of victims. In order to overcome that situation, it is necessary to expand the activities of the polyclinic examination offices.

With regard to treatment, during the last 10 years, thanks to guidance by the Ministry of Public Health and international assistance we have had sufficient quantities of good medicine to treat disease. Some treatment charts have been promulgated and are being further researched so that they can be more effective.

The weakness in this regard is that the percentage of recovered patients is low and in many localities is only 55 to 60 percent. There are still deficiencies in managing the monitoring of patients principally because the local public health network is incapable of assuming responsibility for controlled disease treatment.

With regard to the organization of the anti-TB network, after many years of construction, especially during the past 10 years, the village and district echelons have been greatly strengthened. About 300 districts have TB examination clinics and more than 3,000 villages have anti-TB cadres. Many places have also combined it with the common public health mission by means of the preventive health care movement.

A point that must receive attention at present is that many basic units have not yet done a good or complete job of fulfilling their function stipulated by the anti-TB movement at their unit, promulgated officially at the end of 1983. correctly observing the work methods at each echelon according to stipulations is an important measure in increasing the effectiveness of management and the quality of anti-TB activities at the basic level.

Epidemiological investigations are a requirement and a measure for evaluating the effectiveness ofthe anti-TB program over a period many years of its implementation in Vietnam, in order to contribute to determining measures and recommending activity guidelines.

In general, on the basis of many related indices it is estimated that during the 1958-1980 period in the northern provinces TB declined by about 2.7 percent a year, which is below the requirement. Now, it is even more necessary to evaluate the situation and the epidemiological tendency. In order to have a common frame of reference with the other countries, it is necessaryto review the evaluation indices and select an advanced scientific index. That index will enable us to more accurately determine the effectiveness of activities and the TB situation in our country in theworld community, and will help find more effective methods to meet at an early date the goals of the program: reducing the number of people with TB, and gradually controlling and eliminating TB among the people.

5616
CSO: 5400/4338

BRIEFS

HOANG LIEN SON MALARIA CONTROL -- Malaria has developed and is developing increasingly in Hoang Lien Son Province. In 1986, some 14 major malaria epidemics broke out in Bao Yen, Van Ban, Bao Thang, and Tran Yen Districts and Lao Cai City, causing 104,500 people to contract this disease. Hoang Lien Son has purchased 19 metric tons of DDT to destroy mosquitos and hundreds of thousands of antimalaria pills to distribute to the local people. [Summary] [Hanoi Domestic Service in Vietnamese 0500 GMT 5 Apr 87 BK]

/12858

CSO: 5400/4352

MINISTER OF HEALTH GIVES WARNING OF POSSIBLE AIDS EPIDEMIC

Harare THE HERALD in English 19 Mar 87 p 1

[Text]

THERE is a possibility of an Aids epidemic in Zimbabwe if the public does not take the proper steps to avoid the killer disease, the Minister of Health, Cde Sydney Sekeramayi, told the Senate yesterday.

He said 57 cases of Aids (Acquired Immune Deficiency Syndrome) have been confirmed and it was likely there were others not yet uncovered.

"I must point out that this (the confirmed cases) is likely to be an understatement in view of the fact not all people have access to facilities capable of diagnosing Aids," he said.

He said the fact that the disease was sexually transmitted made it potentially very dangerous with the capacity to break out in epidemic proportions if the public did not take steps to prevent this from happening.

Cde Sekeramayi gave senators copies of a leaflet on Aids that his ministry has produced and which, he said, should reach all corners of Zimbabwe.

Those most at risk were prostitutes, drug addicts and people who had several sexual partners.

"A partner who is likely to give you sexually transmitted diseases, that is gonorrhoea or syphilis, is also likely to give you Aids," he said.

"To reduce the risk of contracting Aids, avoid casual promiscuous sex. In cases of doubt, condoms should be used during intercourse.

"Those who are addicted to drugs and use hypodermic needles should not do so," he said.

Cde Sekeramayi said an ominous and alarming aspect of Aids was its occurence even in children. The mothers of such children had been shown to be carriers of the Aids virus.

The Ministry of Health had established an advisory committee of six doctors — two paediatricians and four physicians — and chaired by the medical director of the Blood Transfusion Services which made regular reports on Aids to the Secretary for Health.

Cde Sekeramayi said the first batch of his ministry's pamphlets on Aids was now being circulated. At present they were only in English but would soon be translated into Shona and Ndebele.

He said the ministry wanted the pamphlets to be available at all health and education centres, at places of work and at any other places where people gathered.

The Senate adjourned yesterday until March 31. — Ziana.

/12828
CSO; 5400/143

STUDY SHOWS EXTENT OF SALMONELLA IN POULTRY

Vancouver THE SUN in English 18 Feb 87 p B3

[Text]

An extensive Agriculture Canada survey shows between 50 to 63 per cent of poultry in Canadian slaughtering plants is contaminated by salmonella, Agriculture Canada's chief of meat safety says.

But Dr. Frank Tittiger said Tuesday in a telephone interview from Ottawa that the public should not be unduly alarmed since those figures, "haven't changed substantially in the last 10 years."

"You have to assume that for all practical purposes, all raw poultry products are contaminated," he said. Salmonella can be killed by heat during proper cooking and thorough handwashing after touching uncooked meat can help prevent contamination.

Dr. Ewen Todd, head of Health and Welfare Canada's contaminated-food section, said a more realistic figure in Canada would be 60 to 70 per cent of raw poultry is contaminated by salmonella.

"This problem has been around for a long time," he said. "If you look hard enough, you find salmonella in most carcasses."

Both Tittiger and Todd were responding to an Associated Press story quoting the U.S. agriculture department as saying the problem of salmonella in U.S. poultry has grown so severe that almost 40 per cent of the chickens sold in the U.S. are contaminated.

/9317
CSO: 5420/23

STUDY FINDS TOXINS IN WALPOLE ISLAND DUCKS

Windsor THE WINDSOR STAR in English 6 Mar 87 p A3

[Text]

Research completed this week provides the first proof that ducks on Walpole Island are being contaminated by their environment.

The findings have substantiated fears of members of the Ojibway Indian band on the island. They hunt and eat large amounts of duck.

"I'm concerned because it shows they are picking up a large amount (of contaminants) in a short period of time," said Lori Montour, a biologist and researcher for the band council.

"We drink the water, swim in the stuff and eat the fish and the ducks," she said. "But at this point we have more questions than answers."

Discharges from the chemical industry in Sarnia are collecting in Walpole's huge marsh, contaminating the ducks and probably the people who eat them, the study found.

"The ducks are contaminated, and they are being contaminated at Walpole Island," said Doug Haffner, associate director of the Great Lakes Institute at the University of Windsor, which conducted the year-long study for the band's Walpole Island Research Centre.

MOST CANADIAN scientists believe the compounds, which include PCBs (polychlorinated biphenyls) are a health hazard which can cause liver damage and possibly cancer.

Researchers compared the livers of ducks which live year-round on the island to those from ducks which migrate annually to the marsh from the far north. Resident ducks had two to five times the levels of contaminants.

Paid for by the federal Ministry of Indian and Northern Affairs, the $100,000 study examined the levels of three types of PCBs and three other pollutants known to be byproducts of the petro-chemical industry.

The compounds are persistent and build up in fatty tissue. "They would definitely be found in people who eat the ducks," Haffner said.

"But we did not know at what levels, or the length of time it takes to reach those levels."

At three months of age, ducklings reared on Walpole Island have the same levels of chemical contaminants in their livers as their parents, the study found.

Band members and institute researchers collected 60 ducks in the late spring and early summer of 1986, and 60 more in the fall. They looked for hens with chicks which were about three-quarters grown, Montour said, an age at which they cannot yet fly and were certain to have spent the three months of their lives on the island.

"We can say that from birth on, these ducklings were picking up contaminants," she said.

The livers of the birds were stored and tested over the past six months in the institute's labs at the University of Windsor.

OF THREE SPECIES tested, Mallards, Redheads and Ruddies, the latter was almost free of contaminants. The Mallards, a small-plant eater, had the dirtiest of the livers.

"If you're going to shoot a duck, pick a Ruddie duck. They are very clean — what a duck should be," Haffner said.

The Great Lakes Institute has asked the Walpole band to collect some samples of the Merganser, a fish-hunting duck.

/9317
CSO: 5420/23

BRIEFS

FOOT-AND-MOUTH DISEASE SPREADS--Austria, Italy--Hoof and mouth disease has spread alarmingly in Italy. This is why the Health Ministry has revoked various allowances for tourists. The import and transit of hoofed animals from Italy is now prohibited. It is also prohibited to carry meat, meat products, and sausages crossing the border from Italy. Strict checks are being carried out at the border. [Text] [Vienna Domestic Service in German 1100 GMT 17 Mar 87 AU]

/9716
CSO: 5400/2444

RABIES INOCULATION CAMPAIGN SUCCESSFUL

Cape Town THE ARGUS in English 5 Mar 87 p 8

[Text]

THE State Veterinary Service campaign to inoculate dogs and cats in the northern areas against rabies has been highly successful.

In five days, 238 dogs and 67 cats were inoculated at Klapmuts, 212 dogs and 94 cats at Elsenberg and 4 788 dogs and 1 132 cats in the Kraaifontein area.

A rabies case in Kraaifontein — traced to a bat-eared fox, an unusual carrier of the disease — led to the campaign of compulsory inoculations.

"We had a good response from the public, although farmers were harvesting and it was difficult to get all their and their labourers' dogs to inoculation points," said Dr Rudolf Visser of the Stellenbosch branch of the veterinary service.

DO NOT APPROACH

Dr Visser said bat-eared foxes seem to have increased and the service had discussed controlling them with nature conservation officials. They did not normally carry rabies.

"Like any other wild animal they can become aggressive when cornered, even if they are not rabid, and should not be approached."

Dr Visser emphasised that there was no rabies scare in the Cape Town area, but warned owners intending to travel with their pets to have them inoculated at least 30 days before departure. Dogs need to be inoculated every three years, cats annually.

Wild animals are protected and may not be captured. However, if one is rescued — such as from dogs or after a road accident — it should be quarantined for at least 15 days in isolation.

/9317
CSO: 5400/148

JERSENIA DISEASE THREATENS TO WIPE OUT DALARNA FISH

Stockholm DAGENS NYHETER in Swedish 20 Feb 87 p 6

[Article by Kerstin Hellbom: "Deadly Disease At Fish Hatchery. Dalarna Fish Threatened"]

[Text] All the fish in Siljan and Dalalven are threatened by a disease that is new to Sweden and was discovered at a fish hatchery in Osterdalalven. The disease is deadly and can be transmitted by water and infect the wild fish.

The disease is an infection called Jersenia, which is also called red-mouth disease, since the fishes' mouths become red and bleeding.

No one knows for sure where the disease came from, but it is believed to have been present in imported fish and roe from England. It was discovered last fall at a large rainbow-trout hatchery outside Mora in Osterdalalven.

"We did not consider the situation so serious that we would need to kill all the fish in the tanks. Whether that was right or wrong is difficult to say today," says Ulf-Peter Wichardt, fish pathologist at the Trout Research Institute in Alvkarleby.

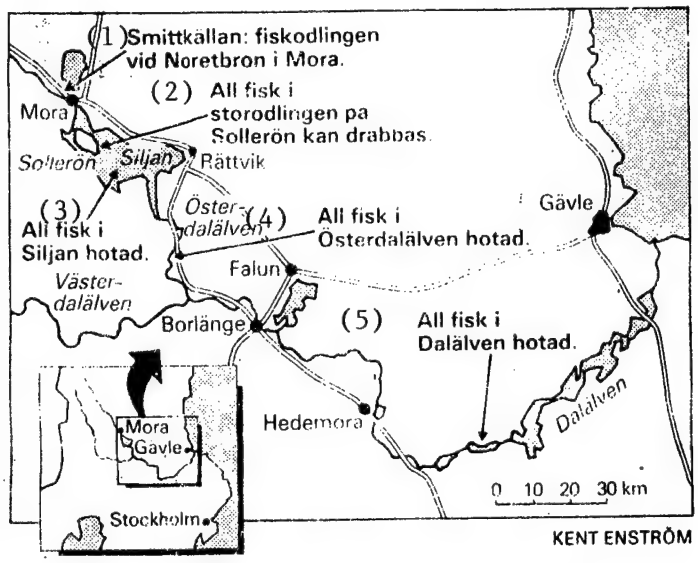
Spread

The red-mouth disease primarily infects trout, but whitefish and other kinds of fish can also become infected and die. At this time, when the water is cold, the bacterium is "resting" but it can come back to life when the water warms up towards spring. Then the entire stock of fish in Siljan, as well as the fish in Dalalven downstream from Siljan will be threatened.

"It is a risk that cannot be ruled out. It is worrisome," says Ulf-Peter Wichardt.

The disease could also spread to the other fish hatcheries in the water area. Solleron, where the Dalalven Water Regulation Board has its large fish farm, is only a few kilometers from the site of the infection.

The hatchery is on land, but the water comes from Siljan and could conceivably contain the infection. This spring 45,000 so-called Siljan-trout will be taken from there and used to stock the lake.



The source of the infection is a fish hatchery in Mora. The disease might be spread through the water to Siljan and Dalalven.

Key:

1. Source of infection: the fish hatchery at Norebron in Mora
2. All the fish in the large hatchery at Solleron may be affected
3. All the fish in Siljan threatened
4. All the fish in Osterdalalven threatened
5. All the fish in Dalalven threatened

Despite this fact, there is no talk of emergency killing of the fish. Before any measures are taken, the extent of the infection will be investigated.

There will be no further import of fish and roe from England. The risk of importing diseases is considered so great that the Agriculture Board in Jonkoping has now said no to virtually all import. The only exception concerns some fish hatcheries in Norway, situated on rivers that cross the border into Sweden.

"Almost all countries are worse off than we are, when it comes to diseases of fish, but the situation here has become markedly worse the last couple of years," says Lars Graberg at the infection prevention unit at the Agriculture Board.

"There is always the risk of importing diseases, and since we have a good supply of fish in Sweden, the import will be stopped," he says.

Even though the import will be stopped, there are already a number of diseases in Swedish fish hatcheries. The alarm is sounded every now and then and cleaning-up programs are initiated.

Transported

Last fall, for instance, a deadly and infectious disease was discovered at a fish hatchery in Morrumsan, threatening its entire stock of salmon. All the fish were killed, but still nobody knows for certain whether the danger is past.

Fish are transported here and there, all over Sweden, from different hatcheries to various waters. Consequently, the risk for spreading diseases in very large and investigations are now under way to determine how to improve the health protection.

"We must nip this thing in the bud and increase the requirements for the fish hatcheries. We must have guarantiees that all fish that is released is free from disease," says Bo Holmberg, department manager at the Board of Fisheries.

The attitude there is positive towards fish hatcheries and negative towards disease.

Without fish hatcheries and releases, the Swedish salmon stock would die out, but with the fish hatcheries could come diseases which might put and end to the stock of wild salmon that still exists.

"It is like balancing of a slack wire without a safety net," says Bo Holmberg.

12339
CSO:5400/2440

BRIEFS

RINDERPEST OUTBREAK--Kampala--Uganda has closed livestock markets and banned cattle movements after a rinderpest outbreak, the veterinary department said here yesterday. The department said an emergency vaccination campaign had been launched to contain the killer disease. Several districts of eastern and north-eastern Uganda are already widely affected and officials fear the disease will spread further west. The last rinderpest vaccinations were carried out about three years ago. (Reuter) [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 15 Mar 87 p 6] /9317

CSO: 5400/149

OUTBREAK OF JAAGSIEKPE DISEASE HITS ULSTER SHEEP

Belfast NEWS LETTER in English 7 Mar 87 pp 1, 3

[Article by David McCoy]

[Text]

FOUR HUNDRED SHEEP on a Co Londonderry farm could be slaughtered following an outbreak of a disease virtually unknown in the United Kingdom.

The outbreak of Jaagsiekpe disease occurred on the Draperstown farm in the autumn.

Several sheep died and, following the housing of the flock, a further 40-50 deaths have occurred.

The farmer is a member of the Northern Ireland Agricultural Producers' Association and NIAPA Press officer John McConnell said yesterday: "The dead sheep were tested at the veterinary laboratory in Omagh and Jaagsiekpe, an incurable tumour of the lungs, diagnosed. When sheep are housed the disease spreads very quickly."

There was an outbreak of the disease in Northern Ireland four years ago when an entire flock was wiped out.

But Mr McConnell stressed there was no cause for alarm.

"It is, I understand, a very weak virus and there is no chance of it spreading as long as the infected sheep are not mixed with others. It is spread by mouth-to-mouth contact. If our member had, for example, sold the infected sheep in a mart the disease could have been spread.

No decision has yet been taken on whether or not the infected sheep will be slaughtered.

Meanwhile, botulism has been diagnosed in livestock on a farm in Northern Ireland. The Department of Agriculture was immediately informed of the onset of symptoms and is assisting the owner and his veterinary surgeon.

"The prompt action of the owner is commendable and has ensured that the problem has been contained and there is no danger ot public health," said a spokesman.

/9317
CSO: 5440/082

SOME LIVESTOCK IN ULSTER FOUND TO HAVE BOTULISM

Belfast NEWS LETTER in English 5 Mar 87 p 4

[Text]

Botulism has been diagnosed in livestock on an Ulster farm, the Department of Agriculture confirmed last night.

A spokesman said that prompt action by the owner had however ensured the problem has been contained and there is no danger to public health.

Butulism, a non-notifiable ailment, under the Disease of Animals Order, is a food poisoning of animals, birds and humans, caused by toxin from the bacteria Clostridium Botulinim.

The posioning occurs by eating or drinking toxins produced outside the living animal body and is not a contagious disease.

The bacteria can be found worldwide but the disease is usually only encountered where circumstances allow the bacteria to multiply and produce their toxins in quantity.

Conditions favourable to the bacterias growth occur in decomposing animal or vegetable matter when oxygen is absent.

The Clostridium Botulinum bacteria can multiply and produce toxins in poultry litter — especially where decomposing poultry carcases are present.

Clinical signs of the poisoning may only be present for a few hours prior to death or may occur for several weeks and are dependent on the amount of toxins absorbed into the animal's body. In some instances animals may be found dead with no previous evidence of disease, but farmers are reminded that any sudden death should be reported to the Divisional Veterinary Officer in case Anthrax is responsible.

Symptoms include lack of co-ordination, creeping paralysis, constipation and respiratory difficulties.

Death normally results when the paralysis hits the lungs, preventing breathing.

Cases of botulism have been recognised in gulls in Great Britain and Northern Ireland for several years and are associated with these birds scavenging decaying matter in rubbish tips.

Most outbreaks of botulism in Northern Ireland have been linked to the use of poultry litter either as a feed or a fertiliser.

/9317
CSO: 5440/082

RANCHERS STILL IGNORING WORST RABIES OUTBREAK

Harare THE FINANCIAL GAZETTE (Farming) in English 13 Mar 87 p 1

[Text]

SOME ranchers are still ignoring advice to guard against the worst outbreak of rabies ever to have hit cattle in the Matabeleland provinces, according to a senior state veterinarian.

He said that while many farmers had "got a fright" and were now vaccinating their cattle, there were still pockets of ranches that had not been penetrated by publicity about the spreading problem.

He said more than 800 cattle on 52 commercial farms had died from rabies carried by jackals since the beginning of last year, when the current outbreak gained momentum.

In 1978 and 1979 a massive jackal-related outbreak in Matabeleland led to about 500 cattle deaths before it faded out again, killing only a few cattle until the second half of 1985.

The jackal population, which had been cut back during the severe drought years starting in 1982, grew again when the rains improved.

"Rabies started again with a vengeance early last year in Nyamandhlovu and has since spread to the Bubi district as well as Insiza and Shangani," the veterinarian said.

"One of the worst affected farms, in the Bubi district, lost 50 head in the past three weeks," he said.

HUMAN CASES

"There have also been a few nasty human cases. In the Nkayi communal lands four members of one family were bitten by a puppy which they didn't realise was rabid. Two of them have died — a 22-year-old woman and her younger brother — and the other two are under threat. That's how tragic rabies can get," he said.

The virus had not been a problem for cattle in the communal areas, where jackals are rare because they cannot compete with dogs. Only a handful of cattle deaths had been reported in these areas.

The Department of Veterinary Services routinely vaccinated dogs during campaigns against anthrax and foot-and-mouth disease but was unable to achieve 100% coverage because of the dissident problem.

Farmers had achieved a high success rate with vaccine, for which there was now a rush, and they had also managed to reduce the problem by baiting and shooting jackals.

The veterinary official advised farmers in the rabies-prone areas to vaccinate, keep the jackal population down and seek advice from Veterinary Services, which was keen to assist.

/12828
CSO: 5400/143

BRIEFS

FOOT-AND-MOUTH DISEASE--The chairman of the cattle provincial association, Mr (Ben Mason), has revealed that Zimbabwean beef exports have been stopped with immediate effect. This follows an outbreak of the foot-and-mouth disease in the Insiza area in Matebeleland. Mr (Mason) says veterinary experts have been sent to the area to assess the extent of the spread of the disease. The experts are expected to report to the government and the EEC in due course. Botswana stopped importing beef from Zimbabwe yesterday following the outbreak of the disease. [Text] [Harare Domestic Service in English 1115 GMT 27 Mar 87 MB] /6091

CSO: 5400/146

FRUIT FLY SURVEY ONE YEAR OLD; NEGATIVE REPORTS SO FAR

Kingstown THE VINCENTIAN in English 20 Feb 87 p 8

[Article by Sylvester Lynch]

[Text]

This week marks one year since the Fruit-fly Survey and Detection Programme was implemented. The aim of the programme is to establish what is the fruit fly status of St. Vincent and the Grenadines. To date there have been no reports of fruit-fly in the country.

The desirable standard of the trapping procedures are well maintained and all seems to be set for a successful project. In this case, there are quite a number of benefits to be derived.

On completion of the project by November, 1987, and if no fruit-flies are found, then St. Vincent and the Grenadines would be declared a "pest free zone", as far as the fruit-flies are concerned. As a result, the country would be able to obtain certification from the United States Department of Agriculture (USDA) to allow entry of fruits into the U.S.A.

Certification from the U.S.D.A. would certainly put St. Vincent and the Grenadines in an advantageous postion in terms of marketing fruits. Most of the fruits imported into the U.S.A. have to undergo chemical treatment and this is really undesirable. At present fruits from St. Vincent and the Grenadines are prohibited from the U.S.A. market.

Thus, to obtain a "Pest Free Zone" status is paramount. To maintain this status however, plant quarantine activities should be stepped up.

The project is being evaluated monthly, by staff of the Inter-American Institute for Co-operation on Agriculture (I.I.C.A.) and they too, have high praises for the manner in which the project is managed.

The statistical summary of 1986 shows that thirty-one different types of ripe fruit trees have been trapped during the year in over 4,800 trees throughout the island. Approximately 260 McPhail and Jackson traps were maintained and serviced weekly; which included rotations and relocations on ripe fruit tree properties.

The Ministry of Agriculture thanks the general public for the co-operation given so far. The Ministry asks the continued support of the public by allowing fruit fly traps to be placed in the fruit trees and by ensuring that traps are not tampered with.

/9317
CSO: 5440/084

CROP PESTS, DISEASE BREAK OUT NATIONWIDE

BK020757 Hanoi Domestic Service in Vietnamese 1100 GMT 1 Apr 87

[Text] The Plant Protection Department of the Ministry of Agriculture and Food Industry recently issued the following communique:

The northern provinces' winter-spring rice is being ravaged by brown planthoppers, rice blast, rice mealy bugs, and stem borers. At present, more than 100,000 hectares in the lowland and former Zone 4 provinces have been infested with insects. The density of pest infestation is increasing rapidly, and limited infestations have broken out on the early rice plantings in some localities. Meanwhile, rice blast is attacking the leaves of rice plants already infested with insects, with the affected areas estimated to reach 20,000-30,000 hectares each in Hai Hung, Ha Nam Ninh, Thanh Hoa, and Nghe Tinh Provinces. In Ha Bac Province, nearly 1,000 hectares of rice are suffering from rice blast.

At present, paddy flies are infesting the rice crop in Thanh Hoa and Nghe Tinh, with the pest density averaging 50-100 and in seriously affected areas 300-400 insects per square meter. The insects have started to lay their eggs. In a recent pest control campaign, Nghe Tinh Province caught 70 metric tons of paddy flies and Thanh Hoa Province more than 20 metric tons. These two provinces have reviewed the first phase of the campaign to eliminate paddy flies and are seeking ways to conduct the second phase during the rice plants' blossoming. In Ha Nam Ninh Province, more than 9,000 hectares of rice are infested with green rice bugs, and cooperative members in the province have been mobilized to control them.

Apart from these highly harmful pests, stem borers, leaf folders, and paddy thrips have been causing limited damage to the rice crop in some localities.

In the southern localities, rice blast is wreaking havoc in the central coastal provinces. Brown planthoppers and rice planthoppers are damaging the rice crop in Phu Khanh, Quang Nam-Danang, and Nghia Binh, and leaf folders are attacking the rice plants in some areas. Moreover, leaf borers and stem borers are causing damage here and there to the corn crop, and leaf rollers are intensifying their attack on the peanut crop.

For the coming period, it is forecast that rice blast will continue its attack on the stems of the rice ears; brown planthoppers will rapidly infest the blossoming rice plants; and paddy flies will cause very serious damage to the blossoming rice plants in Thanh Hoa and Nghe Tinh Provinces unless they are eliminated in time.

In the southern provinces, stem borers, rice blast, and weevils will continue their attack on the late rice plantings.

The Plant Protection Department urged all localities to spray chemicals to prevent rice blast from harming the stems of the rice ears and promptly detect and control various types of insects, especially paddy flies. That are damaging the rice plants during the blossoming stage. At the same time, efforts must also be made to trim off the wilted rice plants and eliminate stem borers and leaf folders. The southern provinces should use manual methods to eliminate weevils and brown planthoppers that are infesting the late rice plantings while cleaning ricefields in preparation for planting the summer-fall rice.

/12858
CSO: 5400/4352

TWO PROVINCES FIGHT RICE PEST INFESTATION

BK081119 Hanoi Domestic Service in Vietnamese 0500 GMT 8 Apr 87

[NHAN DAN 8 April article by (Vuong Dua): "The Intensive Struggle for Protection of Production in Thanh Hoa and Nghe Tinh"]

[Summary] "People in Thanh Hoa and Nghe Tinh Provinces are worrying about low rice production. At present the two provinces have thousands of hectares of early ear-growing 5th-month spring rice, while harmful insects are appearing in localities. Rice insects are spreading especially quickly over a vast area.

"On 12 March the Ministry of Agriculture and Food Industry announced these two provinces an area of harmful insect infestation."

Cooperatives members of Tho Xuan District, Thanh Hoa Province; and Yen Thanh District, Nghe Tinh Province said that they faced an unprecedented density of rice insects in ricefields and on bushes.

"To help Thanh Hoa and Nghe Tinh Provinces quickly eliminate harmful insects to save their ricefields, the Ministry of Agriculture and Food Industry has coordinated with various provinces to establish central and local steering committees for eradicating rice insect infestation. The minister and vice minister of this ministry visited districts stricken by the harmful insects to promptly help various grass-roots units overcome numerous difficulties. The Vegetation Protection Department has assigned many cadres to various localities and provided more than 2,500 insecticide sprayers and 60 metric tons of insecticides of various kinds to these two provinces."

Thanks to this effective assistance from the central government, various sectors and echelons of these provinces are able to take urgent measures to eradicate the rice insects and protect their 5th-month spring rice crop.

/12858
CSO: 5400/4352

LOCUST CONTROL CHIEF TO EXPLORE EFFICIENCY PLANS

Harare THE HERALD in English 16 Mar 87 p 1

[Text] **THE chairman of the International Red Locust Control Organisation for Central and Southern Africa, Mr Nduati Kariuki, arrived in Harare yesterday for a two-day visit during which he will discuss with Government ways that the organisation's activities can be improved.**

Mr Kariuki, who is also the Minister of Livestock Development in Kenya, was met at the airport by the Deputy Minister of Lands, Agriculture and Rural Resettlement, Dr Swithun Mombeshora. Mr Kariuki said his visit was not to discuss the outbreaks that have occurred in two of the 10-member countries, but to see what the organisation was capable of and find ways for its advancement.

He would like to find out what problems these member countries were facing and possibly try to solve them.

Explaining the role of IRLCOCSA, he said it was a regional organisation which dealt with the control and eradication of locusts which have in the past destroyed food crops and natural vegetation in many African countries.

The most common species of locust in the region was that of red locust whose biological name is "nomadacris septemfasciata". The main breeding grounds of this species, of which outbreak areas were demarcated in Tanzania, Zambia, Mozambique and Malawi, were the various plain regions of Central Africa.

Because the locust knows or respects no international boundaries, it is a great potential threat to agriculture, he said.

It is with this in mind that Mr Kariuki comes to Zimbabwe. He would be meeting the Minister of Lands, Agriculture and Rural Resettlement, Cde Moven Mahachi.

IRLCOCSA also warns member countries of any potential invasion by the dreaded pest and keeps them informed of any developments in the event of an attack, he said.

Mr Kariuki said outbreaks had been reported in Mozambique and Tanzania, although not on a large scale in the latter country. Otherwise all other countries had not been attacked.

He said that the organisation was based in Zambia and operated from there. From Zimbabwe, he would be visiting Botswana, which was attacked last year, Swaziland and later Tanzania. There will be a meeting later this year of the governing council in Lusaka.

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CSO: 5400/143

- END -